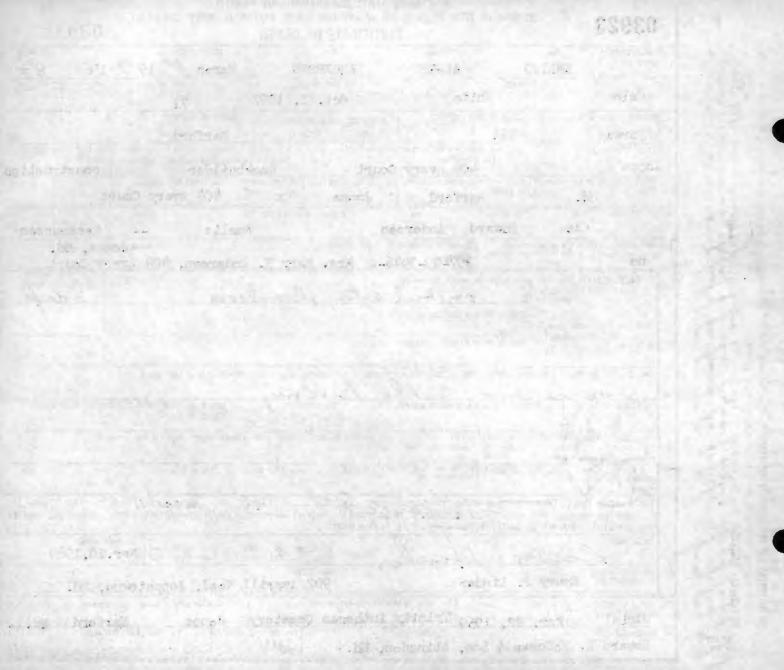
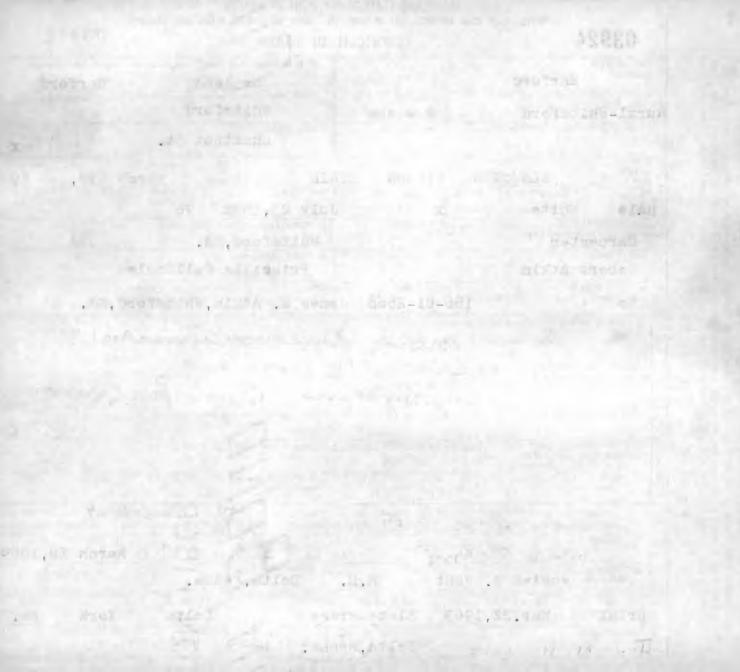
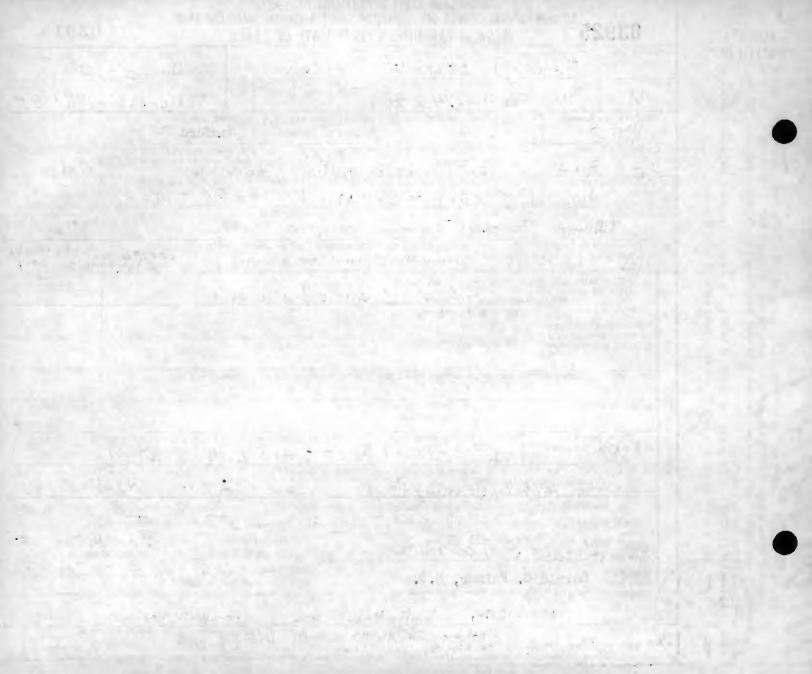
MAKTLANU STATE DEPAKTMENT OF HEALTH





	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		03925 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03918
HEALTH DEPT.	1, 0	ECEASED-NAME Pirst Middle P Lost 20. DATE KNOWN Month	Doy Year 22b. HOUR
r delay is and 3 ta M3. Page	3. 9	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years If UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2 Year 69 2d HOUR
P 2,2 m	70.	BIRTHPLACE (Stole or foreign 7b, CITIZEN OF WHAT COUNTRY? A MARRIED TRIVER MARRIED TO SEATH	21801 19 8 P W
form form	cani	Mariner Co.) (1. Sit), WIDOWED DIVORCED Harford Co.	Md
with the Sta	10.	OIT OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
within 24 hours ofter death any pencil in Item 18. Give Pages 1, 2, caminer's Office along with form Pt pages Lond 2 with the State Depart	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER of this sion) STATE AND STATE AND NUMBER 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 13c. CITY OR TOWN	7
4 haurs 1 tem 5 Office 1 land 2	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Middle Printing AFET Buth	ROLEY
be executed within 24 haurs "pending" in pencil in Item 1 nief Medical Examiner's Office nnsit permit. File pages 1and 2 event within 72 haurs after d		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT TALLE - 838-5197 ADDRESS	SOR# 394 VALE Rd.
be executed wit "pending" in pe nief Medical Exan ansit permit. File event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C S W C e) - & b) - u M	BETWEEN ONSET AND DEATH
e exec pendir of Mec sit pei		955 S DUE TO, OR AS A CONSEQUENCE OF	
auld rard ne Ch al-tro ony		rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
is certificate should to, writing the word farwarded to the Che used as a burial-tra		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certi e certificate, writ should be farwai files. 3 shauld be used atrian, ar remova	CERTIFICATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
MINER: This the certificate, 4 should be four files. e 3 should be ur files.	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING THOURAM 3-12 169 Shot SEIS WET DISTRIBUTING TO PORT 2, The CAUSE OF DEATH	am 18.)
XAM tre the ge 4 your oge cren	W		Sounty State
AL Executive Payer Far Far OR: Furial,		22a. I certify that I taak charge of the remains described obove, held an Autopsy Inspection Inquiry	ond in my opinian
please exect of interest of the control of the cont		death resulted fram: Notural couses , Accident , Suicide , Hamicide , Undetermined manner	- nd
		SIGNATURE Locals & Calmer M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
TO DEPUTY DICA necessary, please extra funeral director. S may be retained TO FUNERAL DIRECTOR Health prior to but		EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	-12-61
5 the 10	230	BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) March 15, 1969 CENTRE MET. Ch. CEM. Forest Hill Harbord	(County) (State)
0.0	24.	FUNERAL DIRECTOR 1 250, RECID-BY REGISTRAR 250, REGISTRAR 250, REGISTRAR'S	SIGNATURE
VR A15ME (5) 10M REV. 1/68	0	particular tester Bel Air, manyland 21014 DATE MAR 1 4 1969 William	Pan Yungan
		Architecture of the	



3 1	03926 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201
leath.	1. DECEASED-NAME First Middle Lost (Type or print) Hilda Bickham	2a. DATE OF DEATH Mannh 21 2b. HOUR A 2b. HOUR A
the the contract of the contra	3. SEX 4. RACE S. DATE OF BIRTH Female American 9-15-94/8.	6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS AGE) IN UNDER 14 HRS HOURS MAIN.
in by 2 hours	70. BIRTHPLACE (State or foreign country) Penna. 7b. CITIZEN OF WHAT COUNTRY? WIDOWED NEVER MARRIED UNIVERSED DIVORCED	9. COUNTY OF DEATH
executed within 24 haurs after death and campletely filled in by the fragol remove carbon papers. Page 1 and 3 nany event, within 72 hours, atter death	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. U	Md. SUAL OCCUPATION (Kind of wark done most of working life, even if retired.) Homemaker Md. 12b. KIND OF BUSINESS OR INDUSTRY
ecuted with campletely ove carbon y event, wi	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY Harford Havre de Gr	YLIMITS? 13e. STREET AND NUMBER NO 351 Wilson St
	14. FATHER'S NAME First Middle Loss IS. MOTHER'S MAIDEN NAME George Jenkie (Foster Pare	
th certificate by single physicion. Then please removal, and i	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (II) yes give wor or dates of service) 100	aughter Address ins. 118 St. John St. Havre de Gr.
at the dea the ottenc nsit permit matian, ar	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). Stating the underlying cause (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PROMITION GIVEN IN PART 1(0)
PHYSICIAN: The law rate haspital or attending this certificate has been estacked for use as the Bept. of Health prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Inter nature of injury in Part 1 or Part 2, Item 18.)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 mmy be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d. INJURY OCCURRED While Nat while of work at	69 to 5/2/ 19/2 that (1) (wa) last
TO HOSPITAL OR ATTEN Page 4 mmy be retained TO FUNERAL DIRECTOR: director, page 3 shauld Should be filed with the	226 SIGNATURE DESCRIPTION OF THE MONAKIC, MD 2220. ADDRESS NAME (Type) DANTE M. MONAKIC, MD 2/1 M.	MED. STAFF = 22c. DATE SIGNED DIRECTOR = PHYS. = 3-21-69 Union Aue Houre deCorda Me
TO HO Poge direct	230. BURIAL (REMATION, 123b. DATE 23c. NAME OF CEMETERY OR CREMATORY Spesutia Cemetery 24. FUNGRAL DIRECTOR ADDRESS 1.4 1250. RECTO	23d. LOCATION (City or Town) (County) (Stote) Perryman, (Harford) Maryland
VR A 5 (4)	Lowell B. Cargo ARRING FUNGRAD HONE AND DATE MA	BY REGISTRAR 256 REGISTRAR'S SIGNATURE R 2 4 1969

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CALLEY TA And the second of the second o about another library teaching which the process of the process of the state of t A STATE OF THE PARTY OF THE PAR A STANDARD AND SERVICE TO SERVICE THE RESIDENCE TO SERVICE THE SERVICE TO SERVICE THE SERVICE TO SERVICE THE SERVI THE RESIDENCE OF STREET WAS ASSESSED. mile a depote a description of the depote the first terms FIRST STATE OF THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03927 03920 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 2g. DATE OF DEATH deoth 2b. HOUR (Type or print) bevertecuted within 24 hours after 6. AGE (In years 7/17/1915 7a. BIRTHPLACE (State or foreign physicion and campletely filled in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) PA WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR giverstreet address)
HARFORY during most of working life, even if setired.) INDUSTRY HOME 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 136. COUNTY CECIL ond in any 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Last Middle Last DAUID HELEN BOND TALOR The law requires that the death certificated 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) 217-50-2736 burial, cremation, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit rise to immediate cause (a), Page 4 moy be retained by the hospital or attending physician. stoting the underlying cause signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been for use os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO S YES 🔲 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year director, page 3 should be detoched should be filed with the State Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while of wark 22a. I **certify** that (I) (this haspital) attended the deceased from 2 - 14 saw the deceased alive an 1965, and that in (r . 19 69, to 3-18, 19 69, that (1) (we) last 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 4171 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) MOUNT CALYERY ABERDEEN HARFORD MD. 24. FUNERAL DIRECTOR Ralph m Reed 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR RALPHM, REED RISING SUN, MD.

The second secon MALE A SEAL OF To Alvan SALES OF SEASON AND SERVICE OF THE SEASON SERVICES

7	03928	DIVISION OF VITAL RECORDS, :	301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	03922
	ECFASED NAME First Type or print) WILLI	AM LOUIS	lost BR INEY	20. DATE OF DEATH Month Doy March 2.	Year 9;45
3 \$1	Male	4 RACE Caucasian	s date of Birth October 10,	1916 6 AGE (In years lost birthday) 52 YRS.	F JNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	B.RTHPLACE (State or foreign ntry) Maryland	U.S.A.	8 MARRIED XX NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Harford	Md.
	Churchville	11 NAME OF HOSPITAL OR INST give street address). Route	#1 during m	AL OCCUPATION (Kind of work done ost of working life, even if retired) pliance mechanic	125. KIND OF BUSINESS OR INDUSTRY Gas Company
odm	HSSIGN) STATE Maryland		Churchville YES NO	Route #1,	Box 538
	FATHERS NAME First William		is mothers maiden name in Leno	ra Hanna	(D)
7a com 10 0 13a odm 14 16o	WAS DECEASED EVER IN U.S. ARM Yes, na. or unknawn) (If yes gwe w	ED FORCES? 16b. SOCIAL SECURITY N 217-03-450		Address chville, Marylan	d APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c)) BY. TE CAUSE (a)	noma, reco	ung E	BETWEEN ONSET AND DEATH
	Canditions, if any, which gave a rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	ife Melast	Tosis	
	stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	,		
NO.		DITIONS CONTRIBUTING TO DEATH BUT NO			DICIDERED III CENTUMAN
CERTIFICATION	190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PER	YES NO X		
MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor er) P.M. 19		r noture of injury in Part 1 or Part 2, 1	
	at work of wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING ETC.			County State
	saw the deceased al causes stated abave	s haspital) attended the decease ive an MacG Z 19 (I) (we) (did) (did-net) view the b	d tram	inian death accurred on the da	te and haur and from the
1	22b, SIGNATURE	Horky		MED. STAFF 222 I	DATE SIGNED
	27d. PHYSICIAN'S NAME (Type) J. R.	alph Horky, A.D.	22e. ADDRESS Chur		and 21028
		March 1969 Bel A	emetery or crematory ir Memorial Garden	23d. LOCATION (City or Town) S Bel Air (Har	(County) (State)
24	Tarring Funeral	1 Home. Aberdeen.	250 MAR Md. 27007 DATE	Y REGISTRAR 969 25b. REGISTRAR S	SINALUR SALES CO.

MAKILAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03923 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle 20 DATE KNOWNT 2b HOUR Year (Type or Print) 011 EST -LLC DEATH MATED A Yarc. IF UNDER I YEAR IF UNDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH AGE (In years 2c DATE PRONOUNCED DEAD 1969 Yeor 5/28/1909 To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Harford WIDOWED X DIVORCED F U.S.A. 11 NAME OF HOSPITAL OR INSTITCTION (If not in hospital give street oddreds) Trapp Road 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR £3× Home during most of working life, even it retired.)
Housewife gua. 130 USUAL RES DENCE (Where deceased yed, funstitution Residence before 13c CITY OR TOWN 13d WNS/DF CITY LIMITS? 13e STREET AND NUMBER after, death odmission) STATEM d 13% COUNTY Baltimore pencil in Item 18. YES X NO 5902 Glen Falls Ave. 24 hours l and 2 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle Blevins Lawson Alvirda Neaves hours 4 shauld be forwarded to the Chief Medical Examiner's pages within 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO NUT STORMANT Box 381BDDRESSandy Hook Rd. (Yes, no, or unknown) Ear] Forest Hill. Md. 21050 Crowther Fie APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter any one cause per Lipe for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Occhus IMMEDIATE CAUSE (a) LOTON? >-DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gove rise to immediate cause (a). writing the ward Should DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse Ξ certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a) Ð remayal nsed 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AJTOPSY? CERTIFICAT WAS PERFORMED? please execute the certificate, NO N YES 🗍 pe 21a EXTERNAL CAUSE WAS Б 21b. TIME OF NJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State FUNERAL DIRECTOR: Page factory, affice building, etc.) NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry 📝 Inspection 🖈 and in my opinion Noturo couses death resulted from: Accident Suicide Homicide Undetermined manner prior 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER T 5 may b ro FUNER Health **EXAMINER'S** Gerald C. Palmer. M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (Caunty) (State) Burial (Specify) 3/15/1969 New Freedom New Freedom. Penna. 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR S S GNATURE 21084 VR A15ME (5) Charles E. Kurtz Jarrettsville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH
/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03924
	03930 CERTIFICATE OF DEATH
= (#£] ¥	1 DECEASED-NAME First Migdle Jost 20. DATE OF DEATH 25 HOUR
finerot ond er deat	(Type or print) Herbert Abner Budnick Maren Day 27 469 100.11
Te T	
Lours after death To by the funeration of the second of t	3. SEX A RACE S. DATE OF BIRTH December 15, 1895 A GE (In years F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN 73 YRS
Lours on the the services of hours	7a BIRTHPLACE (State or foreign 7b CIT.ZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ed irr	Md USA WIDOWED DIVORCED HARTOR & Md
e executed within tours after ond completely filled in by the remove corbon papers. Poges in ony event, within 72 hours after	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita during most of working life, even if retired) 120 USUAL OCCUPATION (Kind of work done lize Kind OF BUSINESS OR during most of working life, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita during most of working life, even if retired) 12 NOTITION (IN INC.)
wit rboo	HAURE OF GRACE HART ON MEMORIA HAS BOOK TOWN AND STREET AND NUMBER 13a JSJAL RESIDENCE (Where deceased year, if institution Residence before 13c. CTY OR TOWN AND STREET AND NUMBER
uted with ompletely five corbon event, with	admission) STATE // 136 (OUNTY // / YES TO NOTE OF THE OUT OUT OF THE OUT OF THE OUT OF THE OUT OF THE OUT OUT OF THE OUT
exect and cor emov	TA FAMILIO C. MARK.
ouc in o	All - Ismae / / Traballa
icate he seem on please re	To MAS DECEASED EVER IN S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT
of the deoth certificate the ottending paysical isit permit. Then please mation, or removal, and	Yes no, or unknown) (types give wor or dottes of service) 705-09-7386 Mrs. Helen Budnick, 1114 Mountain Road
eoth certification of the porternovol,	18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
eoth indir nit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G) Cardiac Cerronth may
e de do	4109 DUE TO, OR AS A CONSEQUENCE OF ()
that the d an. by the otte fronsit perr	(andisions, I any which gave) (b) Links o - Signal Mysicardial Jufantion
by.	stating the under ying cause DUE TO, OR ASIA CONSEQUENCE OF
equires that th physician. signed by the buriol-transit p	1051 (1) ASOUD, Conficting Than I tailing
law requires that the deoth certificate be executed within nding physician. Been signed by the ottending physician and completely fill s the buriol-transit permit. Then please remove carbon pier to burial, cremation, or removal, and in any event, within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
e law re tending ss been os the prior to	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
he I offer nos e os e os	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INILIRY 1216 HOW INILIRY OF IRREPORTED TO PORT 1 OF PORT 2 (1909 18)
AN: The off or off icote ho for use Health y	
PHYSICIAN: e haspital or his certificate stoched for L	G OR CONTR. BUTING CAUSE OF DEATH HOUR A.M. Month Day Year [1] feither, notify medical examiner) P.M. [9]
G PHYSIC the hospit this certi detoched e Dept. of	2014 N. DV OCCUPATION D. DIA MARK OF HALLINY AND CARREST EXCENSES OF A CONTROL OF A
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by 1 by 1 ffer be o	22a. I certify that (1) (this haspital) attended the deceased from 19 Lacy, to
OR ATTENDING be retained by the MRECTOR: After it ed should be ded with the State	saw the deceased alive an
ATTENE etained CTOR: A should vith the	22b_SIGNATURE 22c DATE SIGNED
OR be r	Danty G. Monarck, OEGREE PHYS DIRECTOR D STAFF DIS 127/65
MTAL 0 moy be moy be RAL DIF proge be filed	22d Phys (IAN'S NAME (Type)) A 1 TT 1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A
SPI 4 m MER for,	MANTE M. MONTERIC, M. V. M. W. Muson Clue, Ade G. M.
FO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the Lashould be filed with the State Dept. of Health prior to	23a BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. OCATION (City or Town) (County) (Stote)
5 5 1 K	REMOVAL (Superity) BUTIAL Mar. 29, 1969 Trinity Lutheran Cemetery Joppa Harford Md. 24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR S SIGNATURE
VR ANS TO SE	24. FUNERAL DIRECTOR Howard K. McComas & Son, Abingdon, Md. 250 RECO. BY REGISTRAR 250 REGISTRAR 1969 196
46	DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03925 CERTIFICATE OF DEATH 1. DECEASED-NAM First Middle ges I and 2 rs after death. Lost 20 DATE OF DEATH 2b. HOUR 3:45p. haurs after death the funeral (Type or print) Month 3 Doy 5 Yeor 69 Karlina Cain 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF EINDER 1 YEAR IF UNDER 24 HRS Sept. 24, 1892 Female White lost birthdoy) MONTHS DAYS HOHRS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland WIDOWED [DIVORCED [Harford United States 24 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Citizens Nursing Home during most of working life, even if retired) INDUSTRY Havre de Grace Laundress burial, cremation, ar remayal, and in any event, 130 US.A. RESIDENCE (Where deceosed lived, funstitution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS7 13e STREET AND NUMBER requires that the death certificate be executed odm ssion) STATE 13P COUNTY Port Deposit YEX 72 N. Main Street NO remave Maryland Cec11 8 14 FATHER'S NAME Middle Lost IS MOTHER'S MA DEN NAME Erst Middle gup Lost William physician a Hamm ain 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, ar unknown) Mary Renaldi, Port Deposit, Maryland 21904 220-48-8794 TB CAUSE OF DEATH (Enter only one couse per one for (g), (b) and (c).) PART I DEATH WAS CAUSED BY. Chronic IMMEDIATE CAUSE (6) signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the should be filed with the State Dept af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🔀 be retained by the haspital ar ATTENDING PHYSICIAN: 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (1) (this hospital) attended the deceased from 157/R 1967, and that in (my) (our) apimon death occurred on the date and hour and from the saw the deceased alive on hose 5 causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** PHYS 22d PHYSICIAN'S 22e. ADDRESS epowor met Box 123 NAME (Type) Benson larence 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) West Nottingham emeteru olora ADDRESS DATEMAR Patterson & Son Perruville.



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		DIVISION OF	VITAL RECORDS, 30	1 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	
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s execution campains and campa campa event		iss an STATE Ish ountry	hrjord	Bel Gir YED	NOW 108W Lyn	breck Place
and day	14	FATHER'S NAME First Middle	√ Last	IS MOTHER'S MAIDEN NAM		
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ate icia leas an	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? (es. n.g. gr unknown) ('yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT DAMESTILLE	838 - 5066 100 Address	Luckand Place
fiffic hys		(es, na, ar unknawn) (f yes give war or dates of service)	217-05-878	Mrs. Juanita Ci	BULLETSOX BEL ALE Y	MANDERS LIGHT
G b Libe	Г	18 CAUSE OF DEATH (Enter only one cause per I	e far (a) (b) and (c)	~	,	APPROX.MATE INTERVAL BETWEEN ONSET AND GEATH
ath refigi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BINIM (a	rdiae Danos	municipalion	BEINGEN ONDET AND DEATH
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the d	П	Canditians, if any, which gave \	STATUSEOUENCE OF	ana mal	2 A cella	
insignat		rise to immediate cause (a), (b)	AS & CONSEQUENCE OF	covering day	Mil Canag	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed way be retained by the haspital ar attending physician. Fage 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplets director, page 3 should be detached for use as the burial-transit permit. Then please remove carly should be filed with the State Dept of Health prior to burial, cremation, or remayal, and in any event.		last (c)	Bereral	jed Certin	is solvosis.	
phy		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBE	TING TO DEATH BUT NOT R	MATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I(a)	
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E SE	MEDICAL	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner)	Manth Day Year	·	' '	
YSI asp cert hed	層	DIA BUILDY OCCUPED DI PLACE OF BUILDY	AT HOME, FARM, STREET FACTORY,	21f. LOCATION Street at R.F.D.	Na City ar Town	Caunty State
P.H. his stac Dec	ı	While Nat while	OFFICE BUILDING, ETC.		tion the state of	3,010
bing PHYS by the hast viter this cet be detache State Dept	L	at work at work (1) (this hospital) att	anded the despect f	rom 3 = 6	10 to 5 - 50	10/1/4 that (1) () last
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R ATTENE retained RECTOR: A 3 should with the		causes stated obove, (I) (we) (did)	(did not) view the bod	ylafter death.		
A ST SEE !	F.	225 SIGNATURE	4 1		/ 2	2c DATE SIGNED
OR De l'Alle		Dansel. Monale	W, MI).	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	3/30/09.
AL COY I	1	284 PHYSICIAN S		22e ADDRESS	' 1 11	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept of Health prior to	23 a	BURIAL, CREMATION, 23b DATE	23c NAME OF CEME	TERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 0 g 2 g		REMOVAL (Specify) April 3, 1969		Emorial Park	MiAmi, BAdECe, F	
•	24	FUNERAL DIRECTOR	reading a will	25a. REC	D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
VR A15 (4) 30M REV 1/68	-	JOSEPH WHITIAM FESTET TOEL	Him WHAM (45	A ZIOLY DATE	7 2 1969 och	ale One
	-	Mark Little - I Mark	THE PERSON	1		THE WARREN



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	0	3933	DIVISION	OF VITAL RECORD		STON STREET, E TE OF DEAT		MARYLAND 21201	039	27
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ı	(Type ar			W.	Cus		20. 54	3 Month 18 Da	y69 Yeor	0310 M
	3. SEX		4 RACE		5	DATE OF BIRTH		6 AGE (In years	IF LINDER 1 YEAR	IF UNDER 24 HRS.
	Male		Cauca	asion		9 Feb 192	20	last birthday) YRS.	MONTHS DAYS	NOURS MIN.
I	country	ACE (State or foreign	1	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		Y OF DEATH		
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	A.P.		gı		my Hospi	tal duri	usual occupa B 188 cm pn	ATION (Kind of work done thing life, even if retired)	12b. KIND OF INDUSTRY A	BUSINESS OR
ı	13q. USUAL odmission)	RESIDENCE (Where decease STATE Maryland	13b COUNT	itution: Residence before Y Harford	e 13t CITY OR TO	DWN 138 INSIDE		Be. STREET AND NUMBER HHC 1ST BN		
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	4	109		OR AS A CONSEQUENCE ()F					
ı		ians, if dny, which gave ; immediate cause (a),	(b)							
ı	stating	the underlying cause		OR AS A CONSEQUENCE O)F					
ı	last.	OTHER SIGNIFICANT COI	(c)_	UP ITING TO DEATH OUT	NOT BUILTED TO T	LIC TERMINAL DISEASI	E OBCONDIT ON	CIVEN IN DADY 1/c)		
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	STIFIC					YES 📉 N	10 🗆 🖟	AUSES OF DEATH?		
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	宫 (If eith	er, natify medical exami	ner) P		19	F.011 6.	Ph. 54			0
	While at wark	at wark		RY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.				City or Town	County	State
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		aw me aeceasea a causes stated ab <u>ay</u> (e. (I) (we) (di	id) (did nat) view th	e bady after de	ath.) abinian dei	am accorred an ine de	are and naur	and hom me
		GNATURE 7	60	•			MED	STAFF 22c.	DATE SIGNED	2 0/ 0
) '/	Arrice	0	DEGREE				March	
	22d, P N	HYSICIAN'S AME (Type) E J	Zdbian,	Cpt, MC		US Kirk	Army I	Hosp, A.P.G.	Md. 210	005
	23a BURIA	, CREMATION, 23b (Atj (Specify) 3 =	DATE 21-69		F CEMETERY OR CR			OCAT ON (City or Town)	(County)	(State)
_		L DIRECTOR	112/7	Long	Island N	120nal		ingdale Nas		.Y.
/	D CONERA	1 Course	Kline	e North	Fact	Pard DATE	CA BY REGISTR	1969 /	Eas June	pla .
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	MARYLAND DEPARTMENT OF HEALTH	
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI/	MORE 1, MARYLAND
after	CERTIFICATE OF DEATH	· · · 039.259
	i. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived,	
	MARYLAND STATE Md 6. COL	HARFORD
4 2 6 8	b. CITY OR TOWN (if outside corporate limits.) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, wr	
6 == 9	BEL AIR (RFD) 27 YRS BEL AIR	(RED)
within Pages in Pages places	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	IS RESIDENCE
3 5	309 FOUNTAIN GREEN RA 309 FOUNTAIN GREE	EN ROLL YES NO DE
mpletely papers	3. NAME OF First Middle Last 14. DATE Mor	and a
completely n papers	(Type or print) CLAY WASHINGTON EDWARDS DEATH MARC	# 6 1969
	5. SEX 6. COLOR OR RACELY MADDIED TO NEVER MADDIED 1 8. DATE OF BIRTH 9. AGE (In year	E LIF UNDER I YEAR IF UNDER 24 HRS.
	MALE CAUCASIANWIDOWED DIVORCED DEC 30, 1901 67 yrs.	Months Days Hours Min.
ficate t cian ar cove ca event,	10a. USUAL OCCUPATION (Give kind of work , 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore an country)	12. CITIZEN OF WHAT COUNTRY?
certi hysi any	SALES MAN SINGER SEWING ALLECTIONS, No. CA	0 11.5.A.
1/2 - 20 2	13. FATHER'S NAME SINGER DEWING MLLECHANY, IVO. CA	2.1
the death altending hen please ral, and in	CENTER J. EDWARDS FLORENCE CAU.	7///
t the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (5) 39-4380 Addre	
وَ اصِ ﷺ	(Yes, no, or unkown) (Ifyasgive warordates of service) 238-30-5286 mrs, christine R. Edwards TOEIR	tic Maniford 21014
8 12 C E 1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)]	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) ACUTE CONGESTIVE FAIRURE TUSMONA	ONSET AND PEATH
faw required phy en signe ell-transit	DUE TO	- CITIE
ne faw ending been rial-tr	Conditions, if any, which \ (b) EMPHSEMA	OVER SYRS
	gave rise to immediate course	*
.M: 7 or at or at the bas the burial	(e), stating the underlying DUE TO ceusa last. (c)	'
ital cate to b		IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
rysic hosp certifi r use prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GOTOLOGY OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING CAUSE OF DEATH OF DEATH II OF ITEM 18) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	YES NO X
OF B in C	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)	
四三年-5		
DING ed by After stache of He	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, While Not While at work at work at work at work	(County) (State)
R. der	Hour a.m. While Not While sactory, street, office bidg., etc.)	
ATTENDIN oe retained CTOR: Aft ild be detac	21. I certify that (I) (this hospital) attended the deceased from. DEC. 1953 to MARCH	+, 1969, that (I) (wa) last
SEC Section 1	saw the deceased alive on MARCH 6 19.69, and that death occurred at 1.00M, from the causes	and on the date stated above.
OR 2 may b DIREC 3 shou	22a. SIGNATURE	22b. DATE
A P P P P P P P P P P P P P P P P P P P	The Depter Remark M.D. PHYS. ATTENDING MED. DIRECTOR PHYS.	MATCH 6 1969
PIT Page Page Page Pag	22c. PHYSICIAN'S 22d. ADDRESS	D - A - 00 /
HOSPITAI Bah. Page / FUNERAL FUNERAL Filed with i	MAME (TYPO) PHILIP WI HEUMAN, M.D. 307 HICKORY AVE., E	DEL HIR, MIG
	BELIANTAL (Caralla)	own or county) (State)
ត្តដូច្ន	Burial March 8, 969 Emory Methodlest Church Cem. Street Har	ford Co, MAnylAsod
0 -	24 FUNERAL DIRECTOR'S SIGNATURE W. FORONOLOGY ADDRESS STREET 258. REC'D BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
VR A15 (4)	profession today Bot Asia Champard 21014 DATEMAR 10 1969	mores Inde
70W 2-03	Joseph william Foster	U



- 1			O STATE DEPARTMENT OF HE BOT W. PRESTON STREET, BALTIM		
	03936		ERTIFICATE OF DEATH	ORL, MARTERIO 21201	03930
death.	DECEASED NAME First (Type or print) Jame	Middle es G. Blaine	e Fisher	20. DATE OF DEATH Month Doy	Yeor 2b HOURD
	SEX	4. RACE	5 DATE OF BIRTH	lost hirthdow	IF UNDER YEAR IF UNDER 24 HRS. MONTHS CAYS HOURS MIN
-	Male	Caucasian		891 78 YRS	
	b. BIRTHPLACE (State or foreign 7 pointry)	-	MANAGED THE ACK MINKKINGS	COUNTY OF DEATH	
10	Maryland CITY OR TOWN OF DEATH	USA 11 NAME OF HOSPITAL OR INSTI	WIDOWED DIVORCED	Harford C	
	Havre de Grace	give street oddress)	duting most	OCCUPATION (Kind of work done of working life, even if refired.) road Conductor	12b. KIND OF BUSINESS OR INDUSTRY Rail Road
13 od	o USUAL RESIDENCE (Where deceased mission) STATE	lived, f institution Residence before 13b COUNTY Harford	Perryville YES NO	32 13e. STREET AND NUMBER	
14	FATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FISH	Middle	Lost
L	George			nie	Hines
10	Yes, no oct nknown) (.t yes give war	or dotes of service)	Miss Elsie O. Fis	her, Housede	GRACE, Inde
	PART 1 DEATH WAS CAUSED :	one cause per me for (a), (b), and (c) BY: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	e Deart Failure D.	or Pulmon, Eden	AFFECTAMATE INTENTAL BETWEEN ONSET AND CEATH GRAP
ı	PART 2 OTHER STGNIN CANT COND	ITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CON		
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CEDITIENCATION	170. DATE OF OPERATION 198 CO	THE TOR WHICH OPERATION WAS PERF	ORMED 20a AUTOPSY? YES \ NO \	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	MANUERED IN CERTIFATIVE
		21b. TIME OF INJURY		oture of injury in Port 1 or Port 2, It	em 181
MEDICAL	OR CONTRIBLTING CAUSE OF DEATH	HOUR A.M. Month Doy Year P.M. 19		2. Mary 11 1 01 1 0 1 101 2, 11	
12	While Not while of work	COTTLE BUILDING, EIL	RY.) 21f. LOCATION Street or R.F.D. No	City or Town	County State
	saw the deceased alive courses, stated above,	haspital) attended the deceased te on 19 (H) (we) (aia) (aid not) view the ba	Ind that in (my) (our) opinion	on deoth occurred on the dot	
	220 SIGNATURE Carles	* toley for	DEGREE ATTENDING MED. DIRECT	STAFF C	ATE SIGNED
	22d PHYSIC AN S NAME (Type)	LES J. ATOLEY	JR 22e ADDRESS HAURE	E dE GRACE	, Md.
23	BO BURIAL CREMATION 23b DA REMOVAL (Specify)	4/2/69 //abus	red assertery	3d LOCATION (CA Glown)	(Kounty) (Stote)
24	FUNERAL DIRECTOR	ADDRESS	250 RECO BY R	Access to the	- 4
4	Ul C. Miller	m Nex Perryon	DAAPR	3 1969 yolion	and the same



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ath. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY 8. STATE Maryland b. CDUNTY Harford Harford MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Bel Air Air d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 118 Maulsby Ave. 118 Maulsby Ave. NO D YES within NAME DE Middle Last 4. OATE Month Day Year DECEASED a event, Car (Type or print) DEATH 69 19 March executed 6. CDLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 FRS and cor 7 MARRIED IX OATE OF BIRTH NEVER MARRIEO last birthday) | Months | Days Hours any White 7/1902 6 Male WIDOWED DIVORCED [6 10a. USUAL OCCUPATION (Give kind of work done | physician an please re ,5 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Gas & Equipment operator Electric Penna. 13. FATHER'S NAME MOTHER'S MAIDEN NAME ed by the attending phy-transit permit. Then p , cremation, or removal, гетома Ella Dampman William James Flahart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SDCJAL SECURITY NO. MITSTORMANT 118 Addres Maulsby Ave. (Yes, no, or unknwn) (If yes give war or dates of service) Bel Air. Md. Margaret E. Flahart -26-3281 No 21014 INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. 242 IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which (b) gave rise to immediate DUE TD cause (a), stating the prior underlying cause last. 33 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY 19. for use Health p PERFORMED? certificate ND S YES | PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING IT hed i DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) det factory, street, office bidg., etc.) be de State Hour a.m. Not While After Id be d ATTENDING retained by p.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from MARC CL to Luance31 hould h the 196 OIRECTOR: age 3 should led with the saw the deceased alive on MARCL and that death occurred at 7:004M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED page ATTENDING PHYS. MED. M.D. DIRECTOR 4 may FUNERAL **ADDRESS** PHYSICIAN'S 22C. director, p should be NAME (Type) should Page CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. REMOVAL (Specify) 2 Gardens dens Bel Air, Harford, M 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Buria Bel Mem. FUNERAL DIRECTOR 21084 Charles Jarrettsville. Md. E. Kurtz illiante Just VR AI5 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03932 03938 CERTIFICATE OF DEATH I. DECEASED NAME Middle First 2a DATE OF DEATH deoth. ours after deoth and (Type or pont) 3. 5EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years F JNDER I YEAR lost birthdoy) MONTHS I DAYS DECEMBER 23, 1881 To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WHOOWED TH D VORCED X 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSUAL OCCUPATION (Kind of work done 2b K.ND OF BUSINESS OR during most of work no life, even if retired) INDUSTRY ANKERO-GRACE 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CIY OR TOWN 13d INS DE CITY EMITS? 13e STREET AND NUMBER odmissian) STATE 13b COUNTY physicion and com en pleose remove The low requires that the death certificate be exec in ony 14 FATHER 5 NAME S MOTHER'S MAIDEN NAME First Middle Allinooth MATHIA and 17 INFORMAN (NEICE 858-48/12) Too WAS DECEASED EVER IN U.S. ARMED FORCES? BELANT MANJANG ZIOIY 217-22-0704 Mrs. ISABELLE S. ROGETS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) signed by the attending burial-transit permit. Th BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any which gave) rise to immediate cause (a), DUE TO, OR AS be retained by the hospital or attending physician stating the underlying cause PART 2 OTHER ENDIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 196 COND'T ON FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔯 YES 🖂 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (!) (this hospital) attended the deceased from 2-28, 1969, ta 3-29, 1969, that (i) (we) lost saw the deceased a ive an 3-29, 1969, and that in (my) (our) apinian death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (did nat) view the bady after death 22c DATE SIGNED MED D RECTOR PHYS 22d PHYSIC AN S NAME (Type) 22e ADDRESS 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, (County) REMOVAL (Specify) Holy Cross Episcopal Church Com. Rocks, Hartord Co. Manyland FUNERAL DIRECTOR W. Broodway & Williams of. 25b REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a REC D BY REGISTRAR DATEAPR Otherson Once



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03933 CERTIFICATE OF DEATH DECEASED NAME Middle ond 2 deoth. 2g. DATE OF SEATH 2b. HOUR (Type or print) 3 SEX DAJE OF BIRTH 6 AGE (n years IF JINDER I YEAR lost birthday) DAYS MONTHS 1 Marc. 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED [] (duntry) WIDOWED F DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR raquires that the death certificate be executed within corban during most of working life, even if retired) INDUSTRY none none 13a. JSUAL RESIDENCE (Where deceased lived, finishtation Residence before 1/3c CITY OR TOWN NSIDE CTY L MITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY / 14 FATHER'S NAME Middle IS. MOTHER S MA DEN NAME First Miller physicien d Clarence Haga Patricia Ann 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address River, Md. Yes no or unknown) I (If yes give war or dates of service. the offending physical them p Mr. Miller, 16 Right Elevator Drive. Middle none APPROX MATE NITERIAL 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c))
PART | DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causel d for use as the buriation of Health prior to buriat, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE OF CONDITION G VEN IN PART 1(0) Page 4 moy be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the 19g, DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERT FYING CAUSES OF DEATH? YES | 210 ACCIDENT WAS UNDERLYING 23c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 3-21, 1964, to 3-22, 1969, that (1) (we) last saw the deceased alive an 3-72, and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) wew the body after death. 22b. SIGNATURE 22c DATE SIGNED __DEGREE PHYS DIRECTOR 270 ADDRESS 607 S. Union Ave., Havre de Grace, Md. 22d. PHYSICIAN'S John A. Carriere , M.D. 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION, 23b DATE 23d. LOCATION (City or Town) (County) (State) 1969 Harford Memorial Cemetery Aldino 250 REC D BY REGISTRAR 2Sb REGISTRAR 5 5 GNATURE Howard K. McComas & Son, Abingdon, Md.



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03934 CERTIFICATE OF DEATH Middle DECEASED-NAME First Last 20. DATE OF DEATH 2b. HOUR Ading physician and campletely filled in by the funeral hit. Then please remave carban papers:—Pages 1 and 2 & remayal, and in any event, within 72 haurs after death. requires that the death certificate be executed within 24 haurs after death (Type or print) filled in by the fur 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years 20 July lost bighday) 1886 MONTHS 1 DAYS HOURS tem Ale 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED | NEVER MARRIED country) DIVORCED [WIDOWED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 10 CITY OR TOWN OF DEATH 12e USUAL OCCUPATION (Kind of work done 125 K NO OF BUSINESS OR during mast af working life, even if retired.) **INDUSTRY** Seamstreas 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CTY JMITS? 13e STREET AND NUMBER 13b. COUNTY NO 14 FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Frederick Hanson Eliza Preston 17 INFORMANT Ido. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address Yes, no, or unknown) 5891 07 Ed Mitchell Churchville, Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematiant bur af-transit per DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? has CAUSES OF DEATH? NO DE YES 🗀 Page 4 may be retained by the hospital ar D FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACC DENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from Jan 21, 1969, to Mach 3, 1969, that (1) (we) lost saw the deceased alive an Alach 3, 1969, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death. 225 SIGNATURES 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS 22e, ADDRESS 22d PHYSICIAN S NAME (Type 23d LOCATION (City or Town DATE NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b (County) (Stote) Harford, Md. Mar 69 9 Churchville Presbyterian Churchville 25b. REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS Tarring Funeral Home DATMAR 1969 30M REV Aberdeen, Maryland



_	1		MARYLAN	D STATE DEPARTMENT OF	HEALTH	
		00074	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	03935
		03941		CERTIFICATE OF DEATH		
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	3 5	Make	4 RACE White	S. DATE OF BIRTH	6. AGE (In years lost birthdox) YRS.	FUNDER LYEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN
in 24 nour		BIRTHPLACE (State or foreign nitry)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	Ford. Md.
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ertificate be exe physician and c hen please remo	160	WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) Wyes give we	ED FORCES? (Low dates of service) (MA)	NO 17 INFORMANT OF	Hein 45 3 Miles	e Stan Ma
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ICIAN: pital or rtificate d for u	MEDICAL CE	21 a. A€CIDENT WAS UNDERLYINE □ OR CONTRIBUTING □ CAUSE OF DEATH (If either, not'fy medical examini	HOUR A.M. Month Doy Year		nter nature of injury in Port 1 or Port 2,	Item 1B.)
G PHYSIC the hospit this certi detoched	W	21d INJURY OCCURRED 21e. (While Not work 21e. (PLACE OF INJURY (AT HOME FARM, STREET FA OFFICE BUILDING, FTC.	(IORY.) 21f LOCATION Street or R.F.D	No. City or Yown	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-trainshould be filed with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept. of Health prior to burial.		saw the deceased ali causes stated above,	s haspital) ottended the deceas ve an 3 (I) (we) (did) (did nat) view the	29, and that in (my) (our) o	0.64 , to $3-27$, 19 opinian death occurred on the do	67 , that (I) (we) last ate and haur and from the
OR A DIRECT She as she led with led with		Dante U.	Monakil, M	D, DEGREE PHYS	MED STAFF 22c 3	DATE SIGNED - 27-69.
TO HOSPITAL Poge 4 moy TO FUNERAL E director, pag should be fill		22d / PHYSIC AN S NAME (Type) DAUTE		71-1-1	luion Au. Have	de Groce, Mil.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03936CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Marford in any event, within 72 hours after Harford MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

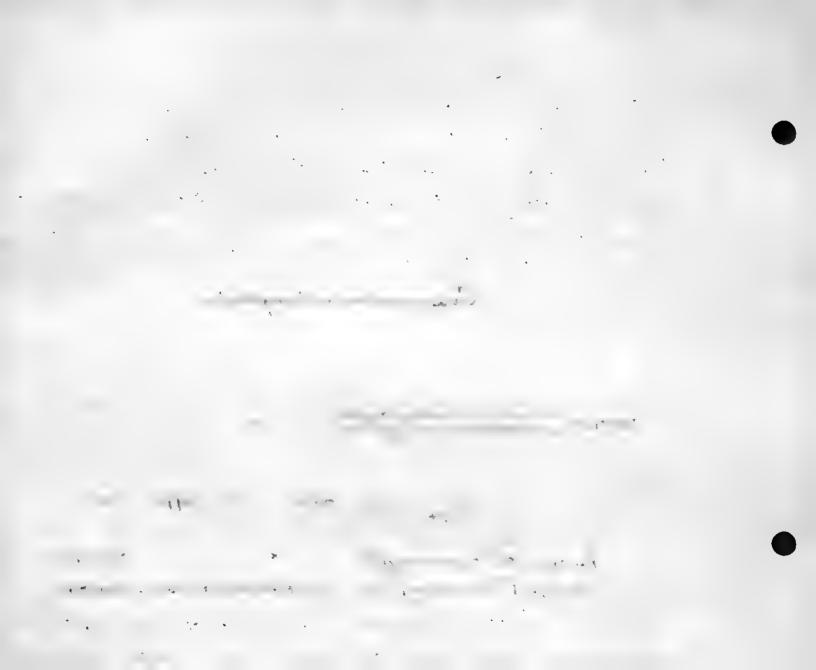
Rural - Street c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Rural- Street 1 year ,⊑ filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET AOORESS Ady Read NO.K YES executed within and completely 3. NAME OF First Middle DATE Last Month Day Year DECEASED DF DEATH Charles March 29 69 Hensley (Type or print) Vernon 19 AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED White: Male July 10,1916 MIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT i signed by the attending physician burial-transit permit. Then please iburial, cremation, or removal, and in COUNTRY? ÜSA Wise Co.. Va. Painter certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Henry Hensley Zuella Hesh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no. or unkown) (If yes give war or dates of service) 401-01-4073 PHYSICIAN: The law requires that the death the hospital or attending physician. Mrs. Margaret Hensley.Street.Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DIRECTOR: After this certificate has been signed by the gage 3 should be detached for use as the burial-transit lied with the State Dept. of Health prior to burial, cremained with the State Dept. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Prob. bronchogenic Carcinoma year IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate for use as the b f Health prior to b **DUE TO** (a), stating the underlying cause last, (c) CERTIFICATION WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO F PHYSICIAN: 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While be retained by ATTENDING at work at work 21. I certify that (1) (this hospital) attended the deceased from July 19_69, that (I) (we) last 28 1969 and that death occurred at March saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE Mar. 31/69 page ATTENDING PHYS. X M.O. DIRECTOR Page 4 may I PHYSICIAN'S 22d. ADDRESS director, p should be 1 Robert Barthel NAME (Type) Box 4. Forest Hill Maryland 21050 (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial Apr: 2, 1969 Hensley Family Cen. Va. Norten Wise Ce. ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Delta, Pa. 1969 VR A15 (4) HARKINS 15M 4-64



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		000.00	DIVISION OF VITAL RECORDS	301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	0.00
		03943		CERTIFICATE OF DEA	TH .	03937
£ _2£		CEASED NAME E ist	M ddle	Last	2o. DATE OF DEATH	2b. HOUR
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with a 2a h	10	ITY OR TOWN OF DEATH	IT NAME OF HOSPITAL OR IN		o. USUAL OCCUPATION (Kind of work done iring most atworking life even if retired)	125 KIND OF BUSINESS OR INDUSTRY
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			lived, if institution. Residence before	13c CTY OR TOWN 13d INSI	NO X R-+ 13	
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g pl		TAKE Z OTHER SIGNIFICANT COND	MICHS CONTRIBUTING TO DEATH BUT I	TO RESIDE TO THE TERMINAL DISEA	JE OKCONOMION OFFEN BY FAKT 1(0)	
din	100	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING
The latter has se as the principle of th	CERTIFICATION				NO CAUSES OF DEATH?	
ar a		210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		(Enter nature of injury in Port 1 or Port 2, Its	em (8.)
CIAL Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Day Year	9		,
YSI nasp cert ched	æ	21d INJURY OF GURRED 21e P	LACE OF INJURY (AT HOME, FARM, STREET *		F.D. No. City of Town	County State
ENDING PHYSICIAN: The law requires that the death certificate be executed ned by the haspital ar attending physician. R: After this certificate has been signed by the attending physician and cample uld be detached far use as the burial-transit permit. Then please remove cathe State Dept. at Health priar ta burial, crematian, or remayal, and in any event		While Not while at work	OFFICE BUILDING, ETC.	'		
by the true of the property of		22o. I certify that (I) (this	hospital) attended the decease	ed from 3 - 6	, 1969, to 3-7, 19_	69, that (I) (we) lost
ed led led led led led led led led led l		sow the deceased of:	/e on/	19.69., and that in (my) (ou	ur) opinion deoth occurred on the dot	e and hour and from the
ATTEND Petained CTOR: A should vith the		22b. SIGNATURE	(I) (wp) (did) (did not) view the		22, 0	ATE SIGNED
OR A		ZZO: SIGNATORE	Velman	DEGREE PHYS.	MED STAFF D STAFF	-8-69
A P P P P P P P P P P P P P P P P P P P	1	22d. PHYSICIAN S		22e ADDRESS	DIRECTOR TIMES	71
PITA mo ERA II, p		NAME (Type)	rary	HAVRE	e de Grace //	/d.
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca director, page 3 should be detached far use as the burnal-transit permit. Then please remainshould be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any	23o	BUR AL, CREMATION, 236 DA	NTE 23c NAME OF	CÉMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
0 0 0 ja k	-	REMOVAL (Specify) 3-	9-1969 1970	rd Cem.	1677 ford a	ester PA.
YR A15 (4)	24/	EUNERAL DIRECTOR SAME	M. Cla DODRES	1 4/C/57/00 10 So. 1	REC'D BY REGISTRAR 25b. REGISTRAR S S	GIGNATURE
30M REV 1/68	1	men 6-11.	11horson 1/19	WY O YN MODATE	MAR 12 1969 place	Lot Hear with.



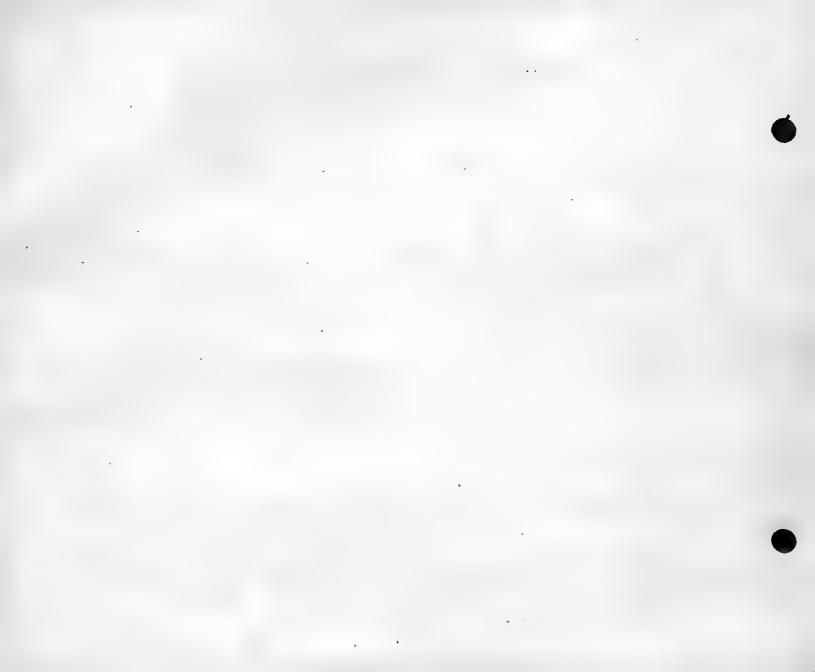
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03938 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a DATE OF DEATH First 2b. HOUR executed within 24 hours after death. (Type or print) 4 RACE 3. SEX DATE OF BIRTH IF JNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS HOURS lost birthdey) ZHTINOM and completely filled in by 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH corbon papers. country) DIVORCED TV WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION Kind of work done 125 KIND OF BUSINESS OR during most of working life, exen if retired.) INDUSTRY event. 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 36 INSIDE CITY JAMES? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE 🥖 YES IZ NOT remove and in any 14. FATHER S NAME Middle First. Middle IS MOTHER'S MAIDEN NAME First Lost The low requires that the death certificate be physician 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) or removol. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 moy be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been detached for use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19o, DATE OF OPERATION 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🙀 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D No. 21d INJURY OCCURRED City or Town County State While Not while 22a. I certify that (I) (this haspital) attended the deceased fram_ 212 3114 _1969, and that in (my) (aur) apinion death accurred on the date and haur and from the saw the deceased alive an_ causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING , poge 3 be filed DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) director, should be NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 235. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) ADDRES: REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **VR A15**



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		03945	١	MAISION	OF VITAL RECORE	CERTIFIC	ATE OF [DEATH	RE, MARYLAND 21	201	3939	
			ırst		Middle		Last	20	DATE OF DEATH			2bTHONR
	(I	/pe ar print)	/il	liam	Charle	s J	ohnson		March Month	Poy	Yea 59	1:50
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L		male			white		9_9	9-88	last birthdo	YRS	MONBIS DATS	HOURS MIR
	7a B caun	IRTHPLACE (State or foreign	71	CITIZEN OF	WHAT COUNTRY?		NEVER MARRI	IED .	UNTY OF DEATH			
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ŀ	14 F	ATHER'S NAME First		Middle	Harford		MOTHER'S MAIL		Jarretts	loddle	Le Koa	
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ı		last	_}	{c}_		-						
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ı	HCAT	190. DATE OF OPERATION	Yb. COI	NUITION FOR	WHICH OPERATION WAS	PERFORMED	2Do. AUTOPS	. ^	2Db IF YES, WERE FIT CAUSES OF DEATH?	IDINGS CO	INSIDERED IN CERT	HEYING
	CERTIFICATION	21a. ACCIDENT WAS UNDER	YING	21h 71880	OF INJURY	21, 44	YES THE	NO D	e af injury in Part 1 or	Part 2 1	Jan. 10 l	
		ar contributing Cause-of	DEATH	HOUR A.	M. Month Day-Yo	îŌr	AM THORE OLCU	יייייייייייייייייייייייייייייייייייייי	e or injury in Part I or	ran 2, 1%	em 18.)	
1	불	If either, natify medical ex 21d INJURY OCCURRED			M AT HOME FARM STREET OFFICE BUILDING ETC	19 FACTORY \ 216 16	CATION Street	or R ED. No.	City or Town		County	State
		While Nat while at wark			OFFICE BUILDING ETC	/ 211. 00	CONTROL SHEEL	ST BILLS HALL	City of 10 Mil		cuomy	7.0.0
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1		22a. I certify that (1) saw the decease	Ì aliy	e an	3-114	_19 <u>6</u> 9an	that in (my)) (aur) apinian	death accurred an	the dat	e and hour ar	id from the
П		causes stated ab	ove, (I) (we) (di	d) (did nat) view t	ne bady efter o	leath.		· · · · · · · · · · · · · · · · · · ·	1 00 0	100 01000	
1		ZZB SIGNATURE 5		7 1-1		TO DEGR	ATTENDING	MED.	STAFF -	22c. Di	ATE SIGNED	/ 4
1		22d PHYSICIAN S	<u> </u>		Total Contraction	CONTRACT.	PHYS 22e, ADDRE		R LJ PHYS L		31/4	£ > / ·
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F	23a	BUR AL CREMATION, 2	Bb DA	E	23c NAME	OF CEMETERY OR	CREMATORY	23d	LOCATION (City or Tov	vn)	(Causty)	(State)
		REMOVAL (Sperify)	3/1	7/19	69 Jarr	ett ý vi	lle	J	arrettsv	ille	e. Mary	vland
	24 (UNERAL DIRECTOR	_		ADDR	ESS	2	PSa REC D BY REG	ISTRAR 2Sb REG	SISTRAR'S S	S GNATURE	
1	Cr	arles E. H	ur	tz .	Jarretts	ville.	Md.	MART 7	1960 077	1- 1.	Π.	



4 1			DIVISIO	ON OF VITA	MARTLAI AL RECORDS.	301 W. P	RESTON	STREET, BALT	MEALIN	MARYLAND	21201	m3410	3/7/69	kk
FOR STATE		0394	6	ME	DICAL EX	AMINER	'S CE	RTIFICATE	OF DE	ATH			0394	0
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	3 5	EX	4 RACE	S DATE (inst h	(In years erthday)	F JNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS 2c	ATE PRONOU		12	2d HOUR
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12 7 7 7 .	0	dmiss on) STATE	Md.	13b (OJ	NTY Harfo	ord	Jop						un Road	
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hin 24 ncil in niner's pages hours		WAS DECEASED EV fes, na ior Jakaaw			16b 50CH	AL SECURITY NO		INFORMANT	.1. YE	ne 1 - 1 -		DRESS	CA A	Md.
be executed within 24 hours "pending" in pencil in Item hief Medicol Examiner's Office ansit permit. File pages Land 2 event within 72 hours after	- V	WI - Ye		ve war or dates of se				Mrs. Rut	n K.	Mortok	, DTA	Famura		Dergeer
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vord " vord " ne Chi ol-trar		rise to immed	ate cause (a),	(lo	TO, OR AS A CON	ISEQUENCE OF	14 6	- 1 8816	UKE	1 /	7	_		K - 7.0
JICAL EXAMINER: This certificate should be executed within 24 hour please execute the certificate, writing the word "pending" in pencil in Item I director. Page 4 should be forwarded in the Chief Medical Examiner's Officetomed for your files. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land or to burial, cremation, or removal, and in any event within 72 hours after the burial.		stating the un last	geriying cause)			CLE	ROSIS &	GRER	CAL VA	SCULA	e.Akcinin	19	66
g the s g the ed t∎ s a bu		PART 2. OTHER S	IGNIFICANT CON	DITIONS CONT				O THE TERMINAL D						
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its certific ite, writing forwords be used as removal,	CERTIFICATION	19a. DATE OF O	PERATION			DITION FOR WI PERFORMED?	HICH OPER	RATION					20 AUTOF	SA5
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NER NER shou sho sho sho	MEDICAL	CAUSE OF DEATI			P M IURY (At home, f	form street	21	f LOCATION Street	or P.F.D. No.		Cify or Town		County	State
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VR A15ME (5) 1 1	24	Howard	K. McC	omas &	Son, Al	oingdor	. Md		DATE M		1969	REGISTRAR S	The Control	. 5.
10M REV 1/68	L.,				•				DAIL W	M11 2	1040			





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03948 03942 CERTIFICATE OF DEATH DECEASED-NAME Mrddle Last 2a DATE OF DEATH bes I and 2 after death. after death uneral (Type or print) Month 4 RACE 6 AGE (n years F JINDER 1 YEAR 3. SEX S. DATE OF BIR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS July 7899 YRS 9. COUNTY OF DEATH, 7a. BIRTHPLACE (State or foreign 7b CITIZEN-OF 8 MARRIED X NEVER MARRIED country) WIDOWED DIVORCED [Event, within 72 24 filled pdp 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY Farm requires that the death certificate be executed within during most of working life, even if retised.) carban completely 130 USUAL RESIDENCE (Where decrosed lived, if institution, Residence before 13e STREET AND NUMBER admissian) STATE 13b COUNTY n and comp aftending physician and con permit. Then please temby than or removal, and in any 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME Middle First 17 INFORMANT ARMED FORCES? 61 SOCIAL SECURITY NO. Address 16a. WAS DECEASED EVER IN Yes, pa, ar unknown) (it yes give war or dates of survice) > FUNERAL DIRECTOR: After this certificate has been signed by th≡ attending physis director, page 3 should be detached for use as the burial-transit permit. Then plishould be filed with the State Dept. af Health prior to burial, cremation, or removal, Lucy V. May, Darlington, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (q), (b), ond (c))
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH 12165 IMMEDIATE CAUSE (a) Alenese DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician stating the underlying couse 10413 ast YOU ODE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(g) Kerosin TENDING PHYSICIAN: The law 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 38) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 2-28, 1969. 19 64, and that in (my) (our) opinion death occurred on the date and hour and fram the saw the deceased alive on... causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS 22e ADDRESS 22d. PHY CIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23a. BURIAL CREMAT ON 23b DATE (County) PEMICYAL (Specify) Md. Mar. Air Memorial Gardens Harford Co.) 2 Bel Air FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR VR AT 1969 Tarring Funeral Home, Aberdeen, Md. 21001 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH



_	1			IN STATE DEPARTMENT OF		
		00070	DIVISION OF VITAL RECORDS,			
		03949		CERTIFICATE OF DEATI	H	03943
# _~ £		ECEASED NAME First	Middle	Last	20 DATE OF DEATH	2b HOUR
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5 5	3 5	X	4 RACE	S BAKE OF BIRTH	6 AGE (In /regrey	IE UNDER 1 YEAR IE ONDER 24 HRS
E (A)		MALE	White	Masch !	193 lost britydow YRS	MONTHS DAYS HOURS MIN
a la	7o.	B RTHPLACE (State or fareign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	<u> </u>
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nn 24	10	ITY OR TOWN OF DEATH	11. NAME OF HOSP TAL OR IN	STITUTION (If not in haspital 120 1	ISJAI OCCUPATION (Kind-of work done	12b. KIND OF BUSINESS OR
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pletely corbon	13a	USUAL RESIDENCE (Where decease	d lived, if institution Residence before	13c CITY OR TOWN 13d. MS/DE C		nung
every cut	odm	ission) STATE	13b COUNTY HOSEL	Port Deport YES	NO R RA	
e executand can remave	14	FATHERS NAME First /	Myrdle Last	15-MORDER'S MA DEN NAM	E first / Middle	lost
be re re rin d		Joseph	N. Meck	e Alcoda	B. Barne	20 -
ate t ican lease and	16a	WAS DECEASED EVER IN U.S. ARME	D FORCEST 166 SOCIAL SECURITY	NO 17 INFORMANT	Address /	1 11
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equires that physician, signed by, burial-fram burial, crem		PART 2 OTHER SIGNIFICANT COND	ATIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	DR CONDITION GIVEN IN PART 1(a)	
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lay be day as the right	SE SE	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED / 200 AUTOPSY?	206. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The off	CERTIFICATION		-	YES NO	CAUSES OF DEATH?	
N.: I or cate or u		21a ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURRED (É	nter noture of injury in Part 1 or Port 2,	Item 18)
Pit and a second	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M. Month Day Year-		***************************************	
PHYSICIAN: e haspital or nis certificate trached for u	¥.		LACE OF INJURY (AT HOME, FARM, STREET FAC	TORY.) 21f LOCATION, Street or R.F.D.	No City or Town	County State
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OR ATTENDING De retained by it MRECTOR: After it e. 3 should be do ed with the State		22a. 1 certify that (1) (this	haspital) attended the decease	ed from 725, 19	161, 10 3/2C, 19	69, that (1) (we) last
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TTO IT		22b SIGNATURE	(i) (we) (u u) (u u iiu) v.ew iiie	body oner bedin.	1 22.	DATE SIGNED
OR A		14	and Column	DEGREE PHYS	MED STAFF	1 /2: 1/0
V by by by filler	<	22d PHYS CIANS	1	22e ADDRESS	DIRECTOR PHYS	7 3 (6)
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O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending 5 FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta	230	BURNAL CREMATION 27 235 DA	123 July OF	CEMETERY OR CREMATORY	23d, LOCATION IC W/or Town)	(County) (State)
Page 4 may be retained by the haspital or attending of FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	1	BURIAL CREMATION. 23b. DA	28/69 12/1	ewell Cometers	Tat Absort	Carl Mil
	24-	EUNTRAL DIRECTOR	APORTSS	2 / 7 25g/ REC	BY REGISTRAR 256 REG STRAR	S SIGNATURE
VR A15 (4) X		Lee U. Ja;	wish the	Myrdle 100PR	3 1969 /client	by Sudge.
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A A PART BATES AT A

WILLIAM A. C. 1-1



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		03950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03047
HEALTH DERT.	1. D	DECEASED NAME First Middle Lost 20. DATE KNOWN Mon	nth Day Year 2b HOUR
.v p & / /	{1	Type or Print) MARVIN CARL MESSMAN OF ESTI- DEATH MATED DEATH MATED	3-21969 M
3 3 4 is	3 58	EX 4 RACE S DATE OF BIRTH 6 AGE IN years IF JMDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
ny del 2, and PM3. partm	M	Tale White April 8, 1920 48 YRS DAYS HOURS MIN Monthly a religious	2 Yeor 196/123M
		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
D D D	coun	ntry) W. Va. USA WIDOWED DIVORCED Harford	Md.
age h fa	10. (CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OF INSTITUTION (If not in baseled 120 ISLA) OCCUPATION (Kind of work day	ne 126 KIND OF BUSINESS OR
after death any de 8. Give Pages 1, 2, and agong with farm PM3. With the State Departm		Havre de Grace Give street codress DUA	(NDUSTRY construction
th th	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13d ASSIDENCE (Where deceosed lived, if institution Residence before 13d ASSIDENCE (Where deceosed lived) (Where d	
2 after	0	odm ssion) STATE Md. 13b. (OUNTY Harford Joppa YES NO 1 1902 Philade	elphia Road
d within 24 haurs after death in pencil in Item 18. Give Pages 1, Examiner's Office along with farm File pages \(\frac{1}{2}\) and \(\frac{2}{2}\) with the State De in 72 haurs after death	14. F	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
4 ± 5 5 5 6		Howard C. Messman Eva Pearl	Lanham
thin 24 h incil in It miner's 0 pages 1 haurs a	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR TY NO 17. INFORMANT ADDRES POS	rt Chester, N.Y.
vithi ami ami 2 h	(4	Yes, no, or unknown) (Type que was or dones of service) 236-18-7145 Jack L. Messman, 377 Westches	ster Ave.
te shauld be executed wit the word "pending" in pe 1 to the Chief Medical Exar a burial-transit permit. File ind in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vith mit		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary occlusion	
Med mair mair mair mair mair		DUE TO, OR AS A CONSEQUENCE OF	
be "pe lief insit		Conditions, if any which gave	
ord ord		rise to immediate cause (a), storting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
that the nin o		lost. (c)	
Alcal EXAMINER: This certificate should be executed within 24 hours after death by, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page eral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with be retained for your files. RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the Starprior to burial, cremation, ar remayal, and in any event within 72 hours after death		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON G VEN IN PART 1(0)	
fing rider as	-		
veriti veriti rve rve rsed	ATIO	19a. DATE OF OPERATION 39b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
INER: This certificate, writ should be farwar files. 3 should be used action, are remova	CERTIFICATION		YES NO 🔀
H Selection of the sele		21o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A M.	2, Item 18)
INER: le cert shauli files. 3 shau	MED CAL	CAUSE OF DEATH P.M. 19	
MAIN The 33 sh	×	21d NJJRY OCCURRED 21e P.ACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Town	County State
DEPUTY SICAL EXAMINER: cessary, please execute the cert's funeral director. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,		AT WORK AT WORK	
Far Partial,		22a. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀, Inquiry	
transport of the control of the cont		death resulted fram. Natural causes 🗷 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined man	ner
leas direction DIRI		CHIEF MEDICAL EXAMINER	
AL Prio		SIGNATURE M.D. SMISSANT MEDICAL COMMINER	DATE SIGNED
Some Series (EXAMINER'S NAME (Type) ADDRESS (Street, cty town or county) Bel At	- 3 - 67
		TRACE (Type)	
10 th 2 th	230	BURIAL (REMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Mary 4-1969 Bol Air	(County) (State) Harford Md.
	24	Burial Ber Air Memorial Gardens Los progre	AD C CIGNATURE
VR ATSME (SQ A)		Howard K. McComas & Son, Abingdon, Md. DATEMAR 4 1969	RARS SIGNATUR
OM REV 1768		DARRIANT T 1000	U

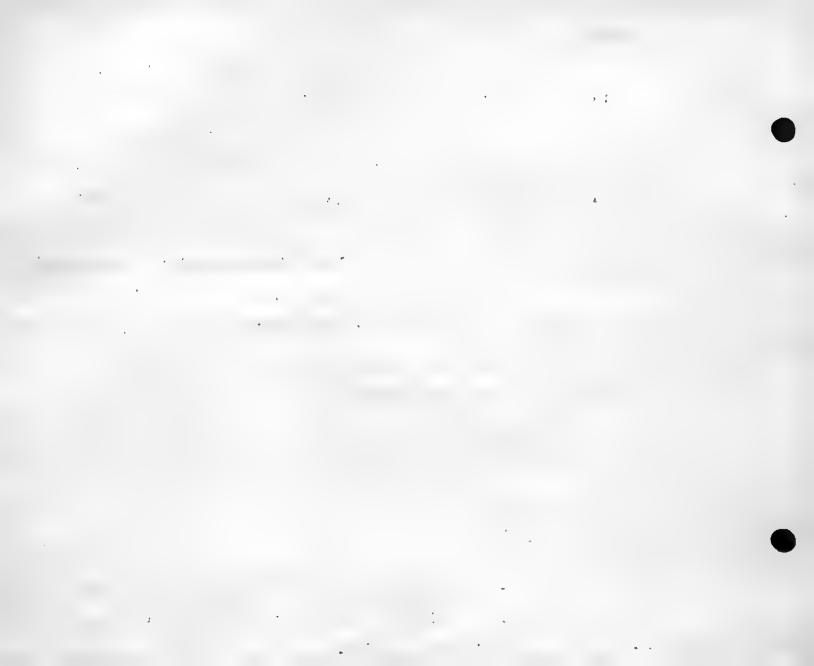
MARYLAND STATE DEPARTMENT OF HEALTH



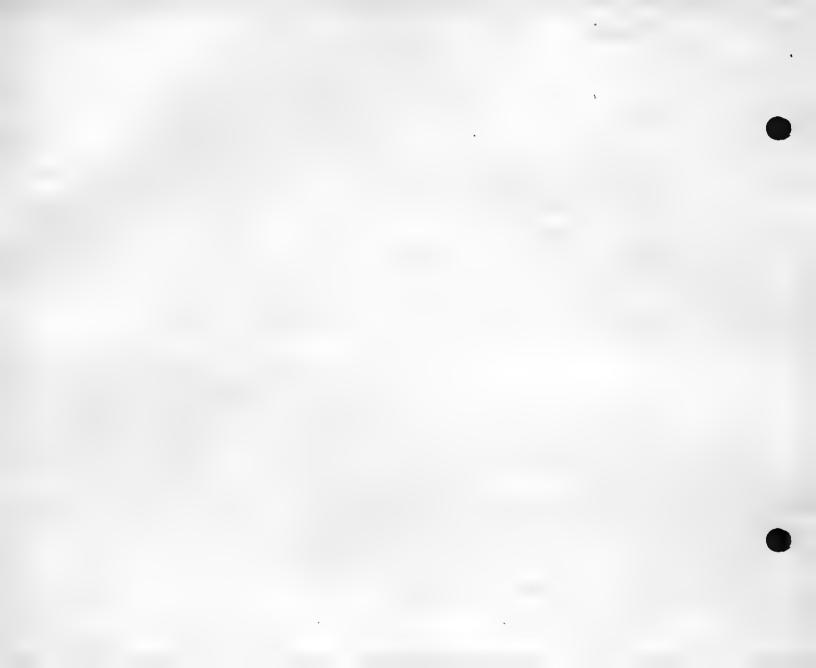
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03945
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2a. DATE KNOWN Month	Day Year 2b HOJR
of Je	(Type or Print) JOY DENISE MLMMERT DEATH MATED THAT	1319 69 131
detay is ind 3 to i3. Page ment of	3 SEX 4 RACE S DATE OF BIRTH 6. AGE IN years IF UNDER I YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
ny delay is 2, and 3 to PM3. Page	7- W 8/30/1967 test birthday) MONTHS DAYS HOURS MIN Month, 2 Pay	3 Year 19 7 13 M
	7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH	7
- 1 far (1 m)	(CUNTY) YORK Pa USA WIDOWED DIVORCED HARFORD	Ma
	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baseltal 12a SSITAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
after death 8. Give Pages I alang with farm with the Sate	HAURELE GRACE give street address) FURD MFMCRIAL during most of working ite, even if retired)	INDUSTRY NONE
G.v. G.v. H. H. Hb.	13a. JSUAL RESIDENCE (Where deceased I ved, if institution. Residence before 13c City OR TOWN. 13d NSIDE CITY LIMITS? 13e STREET AND NUMBER	
of Single	admission) STATE MC 136 COUNTY HARFORD HAVRELE (RAKE YES ENO 1 929 GUARRY	ROAD
24 haurs after de in Item 18. G.ve Fris Office alang w. Fris Office alang w. Fris Office alang with the Fris Office alang his office alang with the Fris Office alang with the fris Office alange.	14 FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle	Last
	JACKIE L. MUMMERT NANCY (NMI) (ONNINGHAM
neil in pinet's pages Rouns	16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
ith.	(Yes, na, or unknown) I (Yes give year or dates of service) NENE MR. JACKIEL MUMORET 9290LARK	ROAD
Exc Exc	10. CALISE OF DEATH lighter only one cruise per line for (a) (b) and (c))	APPROXIMATE INTERVAL
ould be executed vord "pending" in the Chief Medical Eal-transit permit. Fall any event within	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Ng Estion Furnitus Pai	BETWEEN ONSET AND DEATH
Med Med per	DUE TO, OR AS A CONSEQUENCE OF	
per per lief / l	Canditions, if any, which gave	
P T Challe	rise to immediate cause (a), (stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
shaufd be executed to word "pending" " to the Chief Medical burial-transit permit.	lost.	
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiners be used as a burial-transit permit. File pages remayal, and in any event within 72 hours	PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fireat ing ing ing ing ing ing		
erti writ wal wal	9 190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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E 19 0		
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	To according to the state of th	Caunty State
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o DEPUTY SICAL EXAMINER: necessary, please execute the certifie funeral director. Page 4 should 5 may be retained far your files. O FUNERAL DIRECTOR: Page 3 should the prior to burial, cremation,	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection (4), Inquiry (and in my apinion
HCAL e exector. Proceed for ed for ed for ed for exector.	death resulted fram: Natural causes, Accident, Suicide, Hamicide Undetermined manne	
please please I directo retained I DIREC		
JIY BIC.	SIGNATURE DESCRIPTION OF ASSISTANT MEDICAL EXAMINER 226 DAT	TE SIGNED
Sarry Inner FRA	EYAMINED'S CO. C.	3-67
o DEPUTY DIC, necessary, please en the funeral director 5 may be retained O FUNERAL DIRECT Health prior to bu	EXAMINER'S G-e-8/U CP3/n & - MADDRESS(Street, civ., town, or county)	(
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MAKTLAND STATE DEPAKTMENT OF HEALTH





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			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.000
1		03953	CERTIFICATE OF DEATH	03947
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de carp.	1.0	CEASED-NAME First ype or print)	Middle Lost 20 DATE OF DEATH D	2b. HOUR
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	10 1	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USBAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
E 25	121	nun 1 4	give street address)	INDUSTRY
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To se se	130.	JSJAL RESIDENCE (Where deceo		-
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nnd Ind	1			arr (D)
The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and campletely fill se as the burial-transit permit. Then please remave carban point priar ta burial, crematian, ar removal, and in any event, within	<u> </u>	David		arr (D)
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eath certif anding phy mit. Then ar remova	F			APPROX MATE INTERVAL
2 2 2		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane couse per time for (o), (b), and (c).)—	BETWEEN ORSET AND CEATH
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IAN: The law requires of or attending physici icate has been signed far use as the burial-thealth priar ta burial,		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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YSICIAN: The law 19 aspital or attending certificate has been hed far use as the bt. af Health priar ta	Š			
o o o o o	\A	190. DATE OF OPERATION 19b		CONSIDERED IN CERTIFYING
has has	CERTIFICAL		YES NO NO CAUSES OF DEATH?	
F = T	匮	21g. ACCIDENT WAS UNDERLYI		Item 18)
A Paragraph		OR CONTRIBUTING THE CAUSE OF DEA	TH HOUR A.M. Manth Dov Year	, 10.0 10)
日急走っち	MEDICAL	(If either, natify medical exam	iner) P.M. 19	
PHYSICIAN: e haspital or his certificate stached far u	×	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	County State
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by e 3 shauld be detached far use as the burial-traited with the State Dept. af Health priar ta burial, cre-		While Not while of work	COTT CE DOTICING, LTC	
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ENDING hed by Rr. After uld be the Stat	1	zzo i terity mai (i) (ii	nis haspital) attended the deceased from 3 - 7 , 19 69, to 3 - 8 , 1 olive on 3 - 8 , and that in (my) (aur) opinion death accurred on the	toto and hour and from the
Pe Se se		cure stated show	e, (I) (we) (did) (did nat) view the bady ofter death.	tote ond moor ond from the
T is o st				DATE CICNIED
R ATTEN retained RECTOR: A 3 shauld with the	į.	226 SIGNATUR	ATTENDING CH. MED STAFF	c. DATE SIGNED
TAL OR ATTEN nay be retained AL DIRECTOR: page 3 shault if ited with the		100	THOSE DEGREE PHYS LY DIRECTOR LY PHYS. LY	2/691
	1	22d PHYSICIAN S	22e. ADDRESS	
MA DE		NAME (Type) Nor	man Berger, M.D. Havre de Grace,	Maryland
NE 4 A B I I I I I I I I I I I I I I I I I I	00		DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
ro Hospital Page 4 may ro Funeral director, pag should be fil	230			
5g 5g 8			O Mar. 69. Deer Creek Neth. Cemetery, Forest Hill	
VRAIN	24.	FUNERAL DIRECTOR	250 RECU BY REGISTRAR 256 REGISTRAR	ST SIGNATURE
30M REV 17 CA		Tarring Funera	1 Home. Aberdeen, Add. 21001 DATE MAR 1 1 1969	00



1 1			DIVISION OF				NT OF HEAL	TH E, MARYLAND 2120	01		
		03954	D11131311 01			ATE OF D		L, MAKILAND ZIZ		1948	
Ī		CEASED-NAME First		Middle		Lost	20.	DATE OF DEATH			2b. HOUR P
		Bar	bara	Anna	Sche	nning		03	23	69	12:45
3	3 SEX		4 RACE			S. DATE OF BIRTH		6. AGE (In year	rs IF III		IF UNDER 24 HRS HOURS MIN
		Female	Cauca			August	22,1888		YRS	TIS GATS	IVOR'S MIN
1	cauni	RTHPLACE (State or fareign ry)	76. CITIZEN OF W	HAT COUNTRY?		NEVER MARRIE	~ L	JNTY OF DEATH			
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ī	3a 1	Havre de Grace ISUAL RESIDENCE (Where deceas	ed lived, if institut	Citizens I	13c CITY OR 1	TOME 134	INSIDE CITY LIM TS?	13e STREET AND NUMBE	FR	larm	
0	dmis	sian) STATE Marvlend	136 COUNTY	Harford	Bel	V	ES NO 💆	Box 132. R			
ľ	14 F/	THER S NAME First	Middle	Last		MOTHER'S MA DE	EN NAME First	Mide			Last
Т		Mart.ir		Vosa			Unknow	n			4427
ŀ	16a	WAS DECEASED EVER IN U.S. ARA	YED FORCES?	16b. SOCIAL SECURITY		FORMANT	7	Addre	279		Md.
L	16	s, no or unknown) (If yes give w	ar or dates of service)	215-36-81	136 Jo	hn E. S	chenning	, Box 132,	R.D. #	72, Be	l Air
		IB. CAUSE OF DEATH (Enter on	ly one couse per	ne far (a), (b) and (c))		4			APPRÖXÍMA BETWEEN ONS	UTE INTERVAL SET AND DEATH
П		PART 1 DEATH WAS CAUSED) BY. ITE CAUSE (a)	(euho	ef 1	/ prom	efore	-		024	les
- 1		4127		AS A CONSEQUENCE OF	n =	1 2	16			-	
1		Canditians, if any, which gave) rise to immediate cause (a),	(b) C	teleur	oclair	le C	VK).	ceone		12	no,
		stating the underlying couse(DUE TO, OR	AS A CONSEQUENCE OF	1/7	/ _					
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ı		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBU	- /	OT RELATED TO		SEASE OR CONDIT.	ON GIVEN IN PART 7(a)	17		
ı	§	90. DATE OF OPERATION 19b.	COMPLETION SOD WILL	ICH OPERATION WAS PE	DEODMED	200 AUTOPSY	wig	Tool is were winter swint	NOT CONCIL	DEBED IN CED	TIEVING
l	CERTIFICATION	190. DATE OF GRAHION 190.	CONDITION FOR WIT	ICH OFEKATION WAS FE	Krukmeu	YES [T]	NO [38	20b. IF YES, WERE FIND! CAUSES OF DEATH?	NGS CUNSIL	DEKED IN CEK	HITTING
l		No ACCIDENT WAS UNDERLYIN	G 216. TIME O	FINITRY	21c HOV		the same of the sa	e of injury in Part 1 or Pa	ort 2 Ham	18)	
	₹I	OR CONTRIBUTING CAUSE OF CEAT	HOUR A.M	Month Day Year		II IIIJOKI GECORI	KED (ETHER HOLDIN	s or allow a rail i of re	211 2, 110111	10)	
ľ		If either, natify medical examil 21d INJURY OCCURRED 21e.		AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC		ATION Street or	r R.F.D. No	City or Town	Co	ounty	State
l		THINE HOT WHILE									
ı	ľ	22a. I certify that (I) (th	s haspital) atte	ended the decease	ed from	No	- 19 5 7	to Haidi	19-65	that (I) (we) lost
ı	-1	22a. I certify that (I) (the saw the deceased a causes stated above	live an	March 27	9 6 and	that in (my) ((a ur) apınian (death accurred an th	ne date a	ind haur a	nd fram the
П		causes stated above	(1) (We) (aid)	(did not) New the	body offer de	eath.					
ı	- 1	DE OL	le Kar	les In	A DECREE	ATTENDING	MED DIRECTOR	STAFF D	22c. DATE	ZIGNED	
L	1	PHYSICIAN S	1.1.17.1			22e ADDRES		R LJ PHYS LJ			-
Ł	1	NAME (Type)	lph Hork	Y.		Chui	rchville	, Md.			
2	230	BURIAL, CREMATION, 23b. I	DATE	23¢ NAME O	CEMETERY OR C			LOCATION (City or Town)	100	αυπτγ)	(Stote)
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1	24 F	UNERAL DIRECTOR	•	969 Sacre		250	MED 2 6		RARS S,GN	IATURE	
1		Howard K. McCo	mas & So	on. Abingd	on. Md.	ni	MISS Z 6	1969	102 yilling	1 Yours	-



- 1	- (3955	DIVISION			EPARIMENT OF 1 STON STREET, BALT	HEALTH IMORE, MARYLAND	21201		
- 1.		em#8. Filmlilo				TE OF DEATH			0394	9
i	DE	EASED-NAME First	2/21/0	Middle		Last	20 DATE OF DEATH			24. HOUR
L	[1]	pe or print) EVER:	ETT	C.	SC	HRODER SR.	March Month		1969	17,48 W
3	SE)		4. RACE	Caucasian	5	DATE OF BIRTH February 28	6 AGE (In	years I	HE JINDER I YEAR MONTHS DAYS	HOURS MIN
Ŀ		Male			T o		9. COUNTY OF DEATH	YRS.		
1	ס. ש משחי	RTHPLACE (State or foreign (Y)]]]]	J /B CIII/FN C	OF WHAT COUNTRY? U.S.A.	WIDOWED X	NEVER MARRIED []	Harfor Harfor	rd		Md.
h	0 CI	TY OR TOWN OF DEATH	Т Т	11. NAME OF HOSPITAL OR IN	STITUTION (If nat i	n haspital 120 USU/	AL OCCUPATION (Kind of w	vork done	12b KIND OF B	
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ŀ	A F	THER'S NAME First	Mide			NOTHER'S MAIDEN NAME F		Middle	igave no	LOST
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ŀ	16a.	WAS DECEASED EVER IN U.S. AR	NED FORCES?	16b SOCIAL SECURITY		DRMANT		Address		
L	Te	s, na, or unknown) (If yes give	var or dates of servi	216-32-6	154 Ex	verett C. Sc	hroder Jr.	Aber	deen, M	
		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE IMMEDI	ly one cause p	per line for (a), (b), and (c)	1 - 0	d mb.			BETWEEN ON	ATE INTERVAL ISET AND DEATH
- 1		IMMEDI	ATE CAUSE (o)	myocaro	lest w	furction			1/2 AR	
- 1		Canditions, if any which gave		OR AS A CONSEQUENCE OF	V					
		rise ta immediate cause (a),	(b)	OR AS A CONSEQUENCE OF						
- 1		stating the <u>underlying cause</u> l <u>ast</u>	(c)							
	ı	PART 2 OTHER SIGNIFICANT CO			OT RELATED TO T	HE TERMINAL DISEASE OR (CONDITION GIVEN IN PART	(0)		
1	8	centh		Thevorder						
	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FO	R WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b. IF YES, WERE CAUSES OF DEATHY		INSIDERED IN CER	LTIFYING
1		210. ACCIDENT WAS UNDERLYI	NG TOTAL THE	ME OF INJURY	21c HOW	YES NO X	4. er nature of injury in Port 1	or Port 7 It	tem 181	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR	A.M. Month Day Year		THOUSE CENTER (ETTIC	a natione of adjust at 1 out 1	os (att 2, 1)	,	
ı	= [21d INJURY OCCURRED 21e	PLACE OF INJ	URY (AT NOME, FARM, STREET, FA OFFICE BUILDING, ETC.	9 CTORY.) 21f. LOCA	TION Street ar R.F.D. No	c. City of Town		County	State
1		at work								
1		22a. I certify that (I) (# sow the deceased o	i <mark>s hospit</mark> al)	attended the deceos	ed from	1-13-65, 19	to 3 - /5	<u>-69</u> 19_	, that	(I) (Ne) lost
1		causes stoted abov	onve an e, (1) (we) (1	did) (did not) view the	bady ofter de	nor in (my) (osc) op ath.	inion dearn occurred	on the dat	re and navr a	ind from the
ı		22b SIGNATURE	101	,)			MED. STAFF	22c D	ATE SIGNED	^
1		By Mu	never	, h	DEGREE	ATTENDING PHYS 1	MED. STAFF DIRECTOR PHYS.		-16-60	Z
	١	22d PHYSICIÁN'S NAME (Type) B	J. Plu	ınkett Jr.	M.D.		el Air Ave.	Aberde	en. Md.	27,007
1	 23a.	BURIAL CREMATION. 23b	DATE		CEMETERY OR CR		23d. LOCATION (City or		(County)	(State)
			3 Mar 6			emorial Park				rland
ſ	24	UNERAL DIRECTOR	** **	ADDRESS				REGISTRAR'S S	SIGNATURE	
1		Tarring Funer	al Home	. Aberdeen.	Md. 210	OT DAKEAR	1 8 1969 *	- CONTRACT	ma hande	77348



, 1			D STATE DEPARTMENT OF		
	03956		301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	HMURE, MARYLAND 21201	03950
	DECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR A
	(Type or print) 교기 속 ~	abeth P.	Simon	Month Doy	Tegr
3 5		4. RACE	5 DATE OF BIRTH	6 AGE (n years	IF JNDER 1 YEAR IF UNDER 24 HKS
П	Female	Caucasian	December	19. 1984 84 YRS	MONTHS DAYS HOURS MIN
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
COL	untry) Maryland	_ USA	WIDOWED 🔀 DIVORCED 🗀	Harfor	rd Co Md
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120 USL	JAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
	Havre de Grace	Citizens N	ursing Home	nost of working life, even if retired) Housewife	INDUSTRY
13o odn	o USUAL RESIDENCE (Where deceose mission) STATE Maryland	l lived, if institution. Residence before	13c. CITY OR TOWN 3d INSIDE CITY	13e STREET AND NUMBER 126	Hickory HUEWAE
		Harrord	Bel Air	Apt. 33, Hick	kory Court
14.	FATHER'S NAME FIRST	Middle Lost WESTEY Practor	IS MOTHER'S MA DEN NAME		Lost
360	O WAS DECEASED EVER IN U.S. ARME	Var.			ENCET
100	Yes, no, or unknown) (If yes give wor	or dates of service) 3/3-30-81			Pend Lord
		one couse per line for (a), (b), and (c)		VIEW HICK INON	APEROX MAJE NTEPLAL
	PART I DEATH WAS CAUSED	BY.	0,00 - of -le /	t lea	BETWEEN ONSET AND DEATH
	4124 IMMEDIAT	DUE TO, OR AS A CONSIQUENCE OF	mas of surpl	To the second	770016
	Conditions, if any, which gave	(b) AS RICHARDENAR OF	2.110	V	3 /20
	rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	lost.	(c)			
	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(0)	<u> </u>
ž	aur	iculas fr	bullation	2	
CERTIFICATION	190 DATE OF OPERATION 196 CO	INDIT ON FOR WHICH OPERAZIÓN WAS PEI		20b IF YES, WERE FINDINGS CO	NS DERED IN CERTIFYING
RTIF			YES NO [5	-	
8		216 TIME OF INJURY HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (Ente	er noture of injury in Port 3 or Port 2, Ite	em 18)
MEDIC	fif either, notify medical examine	r) P.M. 19			
٦	While Not while	OFFICE BUILDING, ETC.	ORY 21f. LOCATION Street or R.F.D. No	City or Town	County Stote
	of work of work	hospital) attended the decease	d (10	10	11 110 1 51
	saw the deceased oliv	/e on1	9 and that in (my) (our) on	inion death accurred on the date	, that (1) (we) last
П	cousesistated above,	(I) (we) (did) (did nat) view the I	oody after death.	mon deam accomed on me gan	e and noor and nonrine
ı	22b. SIGNATUR	Jun	ATTENDING	MED. STAFF 22c DA	ATE SIGNED
	a du	2	DEGREE PHYS	DIRECTOR L PHYS L	131/64
	22d PHYSICIANS NAME (Type)	NO YYA	22e ADDRESS	185 DE 61	RACE MI
22-	BURIA., (REMATION, 23b DA	75 72 1417 07	EMETERY OR CREMATORY	1724 10(AY(O) (() T	7,0,7
- 236	DEHOMA (C. C.)		oring Episcopal Church Cen	23d LOCATION (City or Town)	(County) (Stote)
24	FUNERAL DIRECTOR	ADDRESS.	250 RECD	BY REG STRAR 25b REGISTRAR S S	
13	roseph william toste	BEL Air MAMINO	2 21014 DATE API	Registrar 256 Registrars 5	Par Declar



- J	-		MARYLAND STATE DEPARTMENT OF HEALTH	
The second secon		0205#	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
and the same of th		03957	CERTIFICATE OF DEATH	03951
₹ -24		CEASED NAME First ype or print) 1/1 /	and the same of th	2b HOUR
death. neral and 2 death.	_ '	HIE	xANder Suthrie Smith march Day	1969 11:3d
s fun	3. 5	X	4. RACE S. DATE OF BIRTH 6 AGE (In years	F UNDER 1 YEAR F UNDER 24 NRS
Z 7 7 8 2		male	white Sept 28, 1895 loss builday) YRS M	ONTHS CAYS HOURS MIN
N I P	7a cau	BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED MEYER MARRIED 9. COUNTY OF DEATH	
75 E 27	ᆫ	md.	U.S. A. WIDOWED DIVORCED ARFORD	Md
	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a LSUAL OCCUPATION (Kind of work dane during gray of working if even if retired.)	125 KIND OF BUSINESS OR INDUSTRY
	HE	ture de Dr	ACE HARFORD Memorial Hespi Jarmer	Jarming
ent car	13a. adm	USUAL RESIDENCE (Where decear	sed i ved it institution. Residence before 13c. C TY OR TOWN 13a INSDE CITY L MITS? 13e STREET AND NUMBER	
com com		MARYAN	a V Cecil North EAST " NOT, Box	76
ind ind	14	ATHER S NAME First	Middle Lost 5 MOTHER'S MAIDEN NAME First Middle	t.ost
Se of in ordinate of		Fo way a	13. DMITH HANNA GUTHIE	
icate Sicio Dieo L, an	16a Y	WAS DECEASED EVER IN LS ARE	MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address of service) 22	V. # / + 1. 1
phy en ava		No	120-34-614 Michaen H. Omith Nor	APPROXIMATE NITERVA.
1		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ply ane cause per the far (a).((b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSITYAND DEATH
deat rend mit. ar		11/2 / IMMEDI	ATE CAUSE (a) Livella C Jelbul Jensalio.	5 acuss
he att		Canditions, if any, which gave	DUE TO, OR AS A POUSEQUENCE OF	1.7
at the sit purity matter		rise ta immediate cause (a),	(b)	
s the sign of the strong of th		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
quires tha physician. signed by burial-tran			NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
o plant	ŀ	PART 2 OTHER STORIFTGAM CO.	NOTITORS CONTRIBUTION TO SEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION STREET IN TAKE 1(0)	
dw din din beel beel or t	100	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
The law ratending attending has been se as the in prior ta	CERTIFICATION		YES NO NO CAUSES OF DEATH?	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and comple shauld be detached for use as the burial-transit permit. Then please remave cannot the State Dept at Health prior to burial, cremation, ar remaval, and in any even		21a ACCIDENT WAS UNDERLYIN		m 18.)
CIAL First State of the state o	MEDICAL	OR CONTRIBUTING CALSE OF DEAT	TH HOUR A.M Manth Day Year	
YSI nasp cent ched ched	MEC	21d INJJRY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
he he this ethics	'	While Nat while at work	OFFICE BOILDING, FIC.	
ING Dy the Ter De de tate		22a, 1 certify that (I) (th	is haspital) attended the deceased fram 3 - 4 , 19 69, to 3 - 7 , 19 6	9, that (I) (we) last
ed less he S		saw the deceased a	live an 3-7 1969, and that in (my) (aur) apinian death accurred an the date e, (I) (we) (did) (did nat) www.he bady after death.	and havr and from the
Tie Digit H		22b. SIGNATURE		TE SIGNED
OR John Tee 3 sed wife ded with the 3 sed with the		A T	DEGREE PHYS MED STAFF PHYS.	10169
AL C		22d. PHYSICIAN'S	22e. ADDRESS	10/6/
ERA ERA		NAME (Type)	wasac. Loo MU Haire de Grac	e, and.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.	23a	BURIAL, CREMATION, 23b.	DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(Caunty) (State)
5 5 5 £ £	1	ZEMOVAL (Specify)	11-620 Kgy View Meth, North Fast	Lecil Md.
VR A15 (2)	24.	FUNERAL DIRECTOR Jack	Call rough To	GNATURE
30M REV WEB	6	LANT YOURTAL	Home North last, mc DATE MAR 11 1969 Colon	Cas Suchan



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03952 03958 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH HOUR executed within 24 hours after death. (Type or print) Month 6. AGE (In years lost birthday) IF UNOFR YEAR 3 SEX 4 RACE DATE OF BIRTH IF LINDER 24 NRS PHINOW DAYS NOURS nea signed by the attending physician and camplefely filled in by the burial-transit permit. Then pleose remove corbon popers. Pai burial, cremotion, or removal, and in any event, within 72 hours 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) WIDOWED [DIVORCED [Md. ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in nospital 12g JSUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address) 180 LSLAL RESIDENCE (Where deceosed ved, if institution Residence before camp admission) STATE 13b COUNTY NO [TAR FORM 14 EATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First attending physician and permit. Then please rem LOST requires that the death certificate be 17 INFORMANT IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address [If yes give war or dates of service] Yes, no, or unknown? -05-008 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS FOR TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Heolth prior to 19o DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20n. AUTOPSY? CAUSES OF DEATH? YES [NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 3 or Port 2, Item 18.) TENDING PHYSICIAN: 21b, TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Dov (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1957, to Mach 8, 1969, that (I) (we) last saw the deceased alive an MACh 8, 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (and not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYS CIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 236 DATE NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR



				NO STATE DEPARTMENT OF		
		03959	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	0.000
		119999		CERTIFICATE OF DEATH		03953
thir Thours ofter death		ECEASED NAME	First M ddle	Lost	20. DATE OF DEATH	2b HOJR
	1	(ype or print) Ro	y Christopher	STRONG	March 17 Day	1969 120 M
	3 S	EX	4 RACE	S DATE OF BIRTH	6. AGE (In years	OF UNDER 1 YEAR OF UNDER 24 HRS.
	1	nala	White	MARCH 16.	1969 lost birthday)	MONTHS DAYS HOURS MIN
	70	8IRTHPLACE (State or foreign		8 MARRIED NEVER MARR EDEA	9. COUNTY OF DEATH	1307 133
}	COU	ntry) Md	45.	WIDOWED DIVORCED	HARFORD	AA d
/	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II		SUAL OCCUPATION (Kind of work done	12b KIND OF 8LSTNESS OR
1	14	AURC de la	ave street oddress)	Temperal Hasp during	most of working life, even if retired)	INDUSTRY N/A
Ļ			deceased lived if institution. Residence before			
1	odm	issian) STATEM.	136 COUNTY HARFIED	Abreloen Y5	NOTE PO - 80	3
7	14	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME	First Middle	Lost
i i		Joseph	R Steam	9 TI Elizabel	TO A REDWIN	
		. WAS DECEASED EVER IN U.S			Address	
		res, no, or unknown) (li ye	N/A	Joseph Ro	y Strong III. Aber	rdeen, Md.
		18. CAUSE OF DEATH (Ent	ter anly one cause per line (or (a), (b), and (a))		APPROX MATE IN CREAT BETWEEN ONSET AND DEATH
		PART I. DEATH WAS (AUSED BY- MEDIATE CAUSE (a)	eturity - 260	As gestatum.	
	П	1.	DUE TO, OR AS A CONSEQUENCE O	. 7		
		Conditions, if ony, which o	gave) (b) Shearton	ines Rueton 1;	membrans	
		rise to immediate couse stating the underlying co				
		lost.	(4)	V		
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT	FOT RELATED TO THE TERMINAL DISEASE O	R CONDIT ON GIVEN IN PART 1(a)	
	8					
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS F		20b IF YES, WERE FINDINGS OF DEATH?	ONSIDERED IN CERTIFYING
761	RIFI			YES NO		
	SI GE	21a ACCIDENT WAS UNDE			nter nature of injury in Part 1 or Part 2,	Item 18.)
	MED C	(If either, notify medical e	xaminer) P.M	9		
	2	21d. INJURY OCCURRED While I Not while I	21e. PLACE OF INJURY (AT HOME FARM, STREET, F	ACTORY.) 21f LOCATION Street or R.F.D.	No. City or Town	County State
		While Not while of work of work	Mile I I I I I I I I I I I I I I I I I I I	11/11/11/11/11		
		220. I certify that (I) (this haspital) attended the decear ed alive an Mach 17	sed tram /// sec. b. 16, 19	169, to 1118e.CS1719. Ipinian death accurred an the do	to and have and from the
		causes stated a	bave, (I) (we) (did) (did nat) view the	bady after death.	ipanan deam accorred an the go	ne and not and from the
		22b SIGNATURE	20114	. X	22c.	DATE SIGNED
	П	C	Halen 1	DEGREE PHYS	DIRECTOR DIPHYS.	3/17/69
6		22d. PHYSICIAN'S	/////////	22e ADDRESS	· · · · · · · · · · · · · · · · · · ·	1-1-1-
1		NAME (Type) F	rederick Hatema M.	D. Havre	de Grace, Mary	Land
	23a	BURIAL, CREMATION,		CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(Caunty) (State)
		BUTTAL (Specify)		rd Memorial Garder	s Aberdeen, (Har	ford Co.) Md.
10		FUNERAL DIRECTOR	ADDRES	Ma 27 007 Ma	BY REGISTRADED 256 MEETSTRANS	SPONIALIPRE O
K		Tarring Fune	rsl Home, Aberdeen,	DATE	"	



	,		
1 43'9131'13	3954		
MEDICAL EXAMINER 3 CERTIFICATE OF DEATH			
(Type or Print)			
GEORGE ARCHER THOMPSON DEATH MATED MAT.			
last birthday) Months DAYS Houles M.N.	2d HOUR		
Mar. 31	Year 1969 4pm		
	Md		
11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (kind of work done 125 I during most of working life even if retired) AND.	KIND OF BUSINESS OR		
whiteford Pylesville Rd. Truck Driver Rig	hways		
The state of the s			
TT	Last		
1100	hes		
The state of the s	APPROXIMATE INTERVAL		
	BETWEEN ONSET AND DEATH		
rise to immediate cause (a).			
studing the differlying coose [
(t)			
FART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALLS TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)			
190 DATE OF OPERATION \$196, CONDITION FOR WHICH OPERATION	20. AUTOPSY?		
WAS PERFORMED?	YES NOTE TO		
21a. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18			
FRIMATE DR (ONTRIBUTING HOURAM, Mar. 31, 69 Shot, self	,		
₹ 21d INJURY OCC. RRFD 21e PLACE OF INJURY (At home from street 21f LOCATION Street or P.E.D. No. 10 City or Toyon	unity State		
WHILE NOT WHILE I factory, office building, etc) ROME: Pylesville Rd. Whiteford H	orford Md		
22g certify that I tank charge of the remains described above held an Autonsy Inspection 127 Inquiry 12	and in my apinian		
	and in my apilitan		
ACTUAL TIPO ET VIII CI COLONIO	D		
	,1969		
EYAMINEDIS DEPUTY MEDICAL EXAMINER	9 4 7 4 7		
EXAMINER'S NAME (Type) Gerald C. Palmer M.D. ADDRESS(Stree Marian, School) Bel Air, N	id.		
NAME (Type) Gerald C. Palmer M.D. ADDRESS(Stree Marker, School) Bel Air, N 230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d (OCATION (City or Town)) (Coun	ld.		
NAME (Type) Gerald C. Palmer M.D. ADDRESS(Stree Malan, School) Bel Air, N 23a BUR AL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (Coun Buffal Spec.(y) Apr. 3, 1969 Highland Street Harf	Ad • (State)		
NAME (Type) Gerald C. Palmer M.D. ADDRESS(Stree Malan, School Bel Air, N 23a BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Coun	Md. (State) ord Md.		
2	Detarad D. Name		



	l r	3961	DIVISION OF V	ITAL RECORDS, 301	W. PRESTON STR	EET, BALTIMOR	E, MARYLAND 21201	03955	
,				CEKI	IFICATE OF I	DEATH			
# 25#\	1 DECE/	ASED-NAME First or print)		Middle	Lost	20.	DATE OF DEATH	Dane Vane	2b HOUR
g 6 6 9		LUC		Dertha	NENEL		larch 12	1969	69.M
le l	3. SEX	_	4 RACE	1	5. DATE OF BIR		6. AGE (In years last birthday) 85		HOURS AMIN
Pagi	2 010	emale	1 Whi	te		26, 1883			THE REAL PROPERTY.
haurs In by t Irs. Pa	country	HPLACE (State or foreign	7b. CITIZEN OF WHAT	A MA	RRIED NEVER MARR	GEN ST	INTY OF DEATH		
filled in paper thin 72	10 (17)	OR TOWN OF DEATH	4.5	E OF HOSP TAL OR INSTITUTE	OWED DIVORC		1Artord		Md
within 24 haurs after death	1	\	Lative stre	Proddress)	1.1	during most of	UPATION (Kind of work dan working life, even if retired	12b KIND OF B	USINESS OR
	130 US	JA. RES DENCE (Where deceose		tora Iviem.	HOSO	House 3d INSIDE CITY JIMJES?	working life, even if retired	ho	me
The law requires that the death certificate be excepted with attending physician. has been signed by the attending physician and compresely se as the burial-transit permit. Then please remaye corborn th priar ta burial, cremation, ar removal, and in any event, with priar ta burial, cremation, ar removal, and in any event, with priar ta burial.	odmissic	on) STATE Md	Tel. COUNTY, 1			YES NO S	13e. STREET AND NUMBER	la. Rd.	
nd co	14. FATE	IER'S NAME First	Middle	l.ast	IS. MOTHER'S MAI	DEN NAME First	Middle		Lost
ate be ician ar lease n and in		Thoma		Turner			Unknown		
ertificate be exc physician and or nen please remi	16a. W/ Yes,	AS DECEASED EVER IN LS ARM	ED FORCES? 16 or or dates of service)	b. SOCIAL SECURITY NO	17 INFORMANT		Address	Jonna	MA
eath cerific ending physi mit. Then p ar removal,	n			none	Charles F	Fitez,	118 Philade	lphia Roa	d
ing ing	18.	PART I. DEATH WAS CAUSED	y one cause per line	for (a), (b), and (c))	11.	1.	Vist for	BETWEEN ONE	SET AND DEATH
he death attendir permit. ion, ar re		2-1 / IMMEDIA	TE CAUSE (a)	Chircheo	- Clat	tract	H Comfun	veloi 2 -	- 3 months
the e at	(0	nditions, if ony, which gave)	DUE TO, OR AS	A CONSEQUENCE OF	0117		,		1
y th y th emo	ris	e to immediate cause (o), ((b)	A CONSEQUENCE OF	- il int			.5 - 4	1 years
ician d branch i, cr	sta las	ting the underlying couse	IA	A CONSEQUENCE OF				}	
equires that the death ce physician. signed by the attending burial-transit permit. Th burial, cremation, ar rem	PA	IRT 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE OR CONDITIE	ON GIVEN IN PART 1(a)		
/ rec		mal my to	2/25.	+ Heri	474		()		
The law reathending has been se as the h prior tall	CERTIFICATION 186	DATE OF OPERATION 196	ONDITION FOR WHICH	OPERATION WAS PERFORM	D 200 AUTOP	SY?	20b. IF YES, WERE FINDING	S CONSIDERED IN CER	RTIFYING
: The arrange of the control of the	E E		40.		YES 🗆	ио 🔼	CAUSES OF DEATH?	-	
ICIAN: The pital or of trificate had far use of Health		D. ACC DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH		UURY Manth Day Year	21c. HOW INJURY OCCU	IRRED (Enter nature	e of injury in Part 1 or Part	2, Item 18.)	
SICE spitch af f	iii iii	either, notify medical examin	er) P.M.	19		and the second second			
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oulcon the		causes stated above	, (I) (we) (did) (di	id nat) view the bady	ofter death.	/ (aor) aprillair (acontactories on the	date and habr a	/
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MAKTLAND STATE DEPAKTMENT OF HEALTH



_ 1	1		MARILAND STATE DEPARTMENT OF HEALTH	
		00000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
·		03962	CERTIFICATE OF DEATH	03956
within 24 hours after death. By filled in by the funeral san papers. Pages 1 and 2 within 72 hours after death.	3 SI	IIRTHPLACE (Stone of fore on 1)	Middle Lost 20. DATE OF DEATH Month Day 4 RACE 5 DATE OF BIRTH 6 AGE (In years lost burthday). 5 DATE OF BIRTH 9 6 AGE (In years lost burthday). 75 CITIZEN OF WHAT COUNTAY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	Year 2b. HOUR 72 M IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOLPS MIN
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of the death c the attending ssit permit. The matian, ar rem		PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony which gave tise to immed ate cause (o), stating the underlying cause lost.	one cause per time for (a), (b), and (c) BY E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) HITONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERFAL BETWEEN UNSET AND DEATH
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PHYS he hos this ce fetache 5 Dept.	W	21d INJURY OCCURRED 21e, P While Nat white at work	LACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City of Town	County State
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-				03963	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEA		000 ===
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	MARYLAND STATE DEPARTMENT OF HEALTH	
11	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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equires physicic signed l buriol-fr buriol, c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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TEN TEN TEN The	saw the deceased alive an 3-13-69.19 and that in (my) (aur) apinion death occurred on the date and hour and fran causes stated above, (1) (we) (did) (did not) view the bady after death.	n the
TA de Dorsetti	22b. SyGNATURE 22c. DATY SIGNED /	_
OR be red y ed y	Jourse 4. Runaful A1), DEGREE PHYS. DIRECTOR DIR	
TAL AL A	22d. PHYSICIAN'S NAME (Type) DANTE 91. MIDNIANIN 22e. ADDRESS	
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cal ar. P ad for CTOR											Opinion
please directive retaine		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner Acting Medical Examiner on Federal Property (HIEF MEDICAL EXAMINER)									
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FPI fun fun fih fith		EXAMINER'S NAME (Type)	Thomas	Fraher,	M.D.		S(Street, city, tox	_	111	V	
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MAKTLAND STATE DEPARTMENT OF HEALTH

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